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Notice of Independent Review Decision

**MARCH 19, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Anterior Cervical Discectomy and Fusion @ C4-5 and Pedicle Screw Fixation  
with 2 days Inpatient Stay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D. Board Certified Neurological Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse  
determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not  
medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Table of Disputed Services  
Determination Letters –: 12/14/07; 1/4/08  
Request for Treatment Letter – 1/19/08  
MRI Left Shoulder: 2/25/04  
MRI Cervical Spine: 2/26/04, 3/27/06  
Cervical CT Myelogram Report: 4/29/04

Operative Report (Anterior Cervical Discectomy and Fusion C5-6 and C6-7)  
6/10/04  
Electrodiagnostic Test Report – 5/26/06  
CT Cervical Myelogram Report: 12/8/06  
Operative Report - Epidural Steroid Injections: 1/12/07, 2/9/07, 4/23/07  
Cervical CT Scan Report: 1/15/07

Clinical Reports – M.D. 2004-2008  
ODG Guidelines

**PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:**

This case involves a xx year old male who in xx/xx was lifting and developed left shoulder pain with numbness in his left hand. An MRI was obtained along with CT Myelography, which led to a diagnosis of difficulty at the C5-6 and C6-7 levels. An operation was performed to correct this on 6/10/04. The patient gradually improved and was able to return to work. But he developed left shoulder pain with some neck pain again in 2006. Examination at that time revealed a diminished left C5 sensation. CT cervical myelographic evaluation on 12/8/06 showed significant changes at C4-5 essentially to the left with probable spinal cord compression. It is noted that on 12/5/07 the patient's examination showed nothing in the way of definite myelopathy findings but on 1/19/08 note, the patient had difficulty walking with urinary trouble and had bilateral Babinski signs and ankle clonus suggesting cervical myelopathy. Cervical Epidural steroid Injection was pursued in early 2007 because the patient was "dead set" against considering the surgical options.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

I disagree with the benefit company's decision to deny the proposed operative procedure. An anterior cervical discectomy and fusion at the C4-5 with anterior plating is recommended. The patient presents a rather semi-emergent circumstance with rapid progression of changes indicating spinal cord compression in the cervical spine. And therefore the surgery is not only indicated but should be pursued as soon as possible.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**