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Notice of Independent Review Decision

MAY 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

INPATIENT LUMBAR LAMINECTOMY W/FUSION AND INSTRUMENTATION
LOS: 1 DAY; TLSO BRACE

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

Board Certified in Neurological Surgery

REVIEW OUTCOME

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

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(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

Notification of Determination –Ins. Co. 1/8/08; 4/2/08

Lumbar CT Myelogram Report – 5/30/07

Lumbar CT Spine Report – 12/21/05

Operative Report –Lumbar Spine - 3/28/06

Operative Report – Lumbar Spine - 2/17/03

Operative Note – Epidural Steroid Injection - 6/19/07

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a xx-year-old male who in xx/xx was pulling a beverage cart on concrete and the cart became stuck. The patient had difficulty pulling the cart and then developed back and leg pain. Diagnostic testing and examination revealed difficulties at the L5-S1 level including disc rupture and spondylolisthesis and a surgical procedure to correct this was carried out on 2/17/03 consisting of discectomy and fusion. The patient did well for several months but his pain returned with extension from his back to his lower extremities. The primary pain was on the right side. Diagnostic testing revealed problems continuing on the L5-S1 level and for that on 3/28/06 a decompression and fusion was carried out for pseudoarthrosis, which was present secondary to the spinal fusion. Symptoms were relieved for several months but in the spring of 2007, back and right lower extremity pain returned and on 5/30/07, lumbar CT myelography revealed changes at the L4-5 level which corresponded to his symptoms and examination which showed positive straight leg raising and dorsal flexion weakness bilaterally.

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

I agree with the benefit company's decision to deny the proposed operative procedure. Although an operation at the L4-5 level is indicated, there is no evidence of instability potential at the L4-5 level as there was at the L5-S1 level. To pursue fusion under these circumstances would not help the immediate problem of nerve root compression and in addition would merely throw additional stress at the level above with potential difficulties at that level developing in this relatively young xx-year-old individual.

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)