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IRO Certificate

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 09/23/08

**IRO CASE #:**

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

Lumbar Medial branch block – L3-4, L4-5

### **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:

Upheld (Agree)

**X 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**

Insurance Company utilization review decisions – 08/26/08, 09/10/08  
Notes by D.O. – 04/05/08, 04/09/08, 05/05/08, 06/12/08, 09/02/08  
Operative reports regarding epidural steroid injections and Lysis of Adhesion in 2005, 2006, 2007, 2008  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a female who was injured while working . Pain in her low back and primarily right lower extremity developed. There was a history of an L5-S1 fusion with, on an MRI, facet changes at the L4-L5 level. Epidural steroid injections and Lysis of Adhesions were carried out with transient success in 2005, 2006, 2007 and 2008. As the facets were thought to be the source of her pain in the areas above the fusion, diagnostic and hopefully therapeutic medial branch blocks were carried out on the right side from L3-5 and, because of success in relieving discomfort, radio-frequency thermocoagulation was carried out at these levels on the right side. She now has primarily left-sided pain. It has been recommended that she have medial branch blocks on the left side in the same areas with the potential of radio-frequency thermocoagulation on the left side if those blocks are successful in relieving her trouble.

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

I disagree with the denial for the medial branch blocks. Similar blocks on the opposite side led to a procedure that will hopefully lead to a more prolonged relief of her pain than she has had in the past. To proceed with a similar effort, starting with blocks on the left side, is therefore thought indicated. Whether or not radio-frequency thermocoagulation is done would depend on the results of those blocks.

**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)