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Notice of Independent Review Decision

DATE OF REVIEW: 4/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACDF C6-7 with Peek Instrumentation

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)

Description of review outcome for each healthcare service in dispute

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters 3/10/09, 2/27/09, 2/23/09

New patient consult report, Dr. 2/2/09

PT notes January 2009

Reports, Dr. July – December 2008

Cervical MRI report 7/31/08

ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx/xxxx “wrenched” his neck while working on a biscuit cutting machine. Pain has persisted, relieved transiently by steroid injections. Left hand tingling and numbness with some left arm weakness and pain has been present for several months, and the most recent MRI on 7/31/08 diagnosed a more progressive finding at the C6-7 level on the left side, with both nerve root and potential early spinal cord compression. A C6-7 ACDF has been recommended. There is no reflex, sensory or motor deficit.

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

I disagree with the denial of the proposed operative procedure. While there are changes at other levels in his cervical spine, The C6-7 level is the one that has progressed in severity in correspondence to his symptoms, despite lack of any physical findings that suggest nerve root compression. Not only is there continued discomfort in the left upper extremity with surgically correctable pathology present on MRI, there is also the potential of early spinal cord compression that would be relieved by the proposed operative procedure.

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)