

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145
IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 4/16/09

IRO CASE #:

Description of the Service or Services In Dispute
L5-S1 Interbody Fusion, L5 Laminectomy

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

Physician 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)
Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

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

Adverse determination letters 1/23/09, 2/18/09
Reports 12/3/08- 2/9/09, Drs.
EMG report 2/4/09
Report 3/10/09
Lumbar MRI report 12/17/08
ER report 11/26/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx-xx-xx was lifting steel pipe and developed low back pain. The pain soon radiated into the right lower extremity and continued to do so despite rest, mild steroidal anti inflammatory drugs, and pain medications and physical therapy. X-rays performed in the emergency department where he was first seen showed porous defects at L5, with Grade 1 spondylolisthesis at L5-S1. A lumbar MRI on 12/17/08 showed disk herniation along with the spondylolisthesis, with changes compatible with L5 nerve root compression, which was also diagnosed on electromyographic evaluation on 2/4/09. On 12/3/08 straight leg raising was found positive on the right side at 60 degrees, but in subsequent reports the patient had negative straight leg raising. Slight improvement is also suggested by the reports that indicate negative straight leg

raising. The patient continues to take hydrocodone for pain. Anterior interbody fusion at L5-S1 with laminectomy at L5 has been recommended.

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

I agree with the denial of the proposed operative procedure at this time because the notes indicate along with the patient's examination that he is potentially improving, and more time might be helpful in reaching a status that would not require the extensive surgery that is recommended.

Despite the passage of time, the patient probably still will need an operative procedure at the L5-S1 level with decompression by way of discectomy in addition to fusion. There is not only persistent pain, but also EMG findings along with MRI findings compatible with surgically correctable pathology. In addition there is a synovial cyst that may be a contributing and could be cared for by a surgical procedure. With the passage of more time to see if there will be some improvement, the patient might be inspired to stop smoking because of the potential of fusion being necessary.

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 KNOWLEDGBASE
- 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)**