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Notice of Independent Review Decision

DATE OF REVIEW: 8/19/09

IRO CASE #:

Description of the Service or Services In Dispute

Anterior cervical discectomy with fusion and plating C5-6

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:

Upheld (Agree)

x **Overtured** (Disagree)

Partially Overtured (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, 6/9/09, 6/25/09

Reports 2005-2009 Dr.

Reports 1998-200,7 Dr.

Pain Assessment report,

Electrodiagnostic testing report 6/12/07

Cervical MRI report 1/24/07

Lumbar spine operative report 5/12/94

Operative report ACDF 6/23/93

ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx –year-old male who in xxxx was hit in the head by some steel and was rendered unconscious. He had scalp lacerations and developed neck and low back pain. A cervical MRI revealed a C6-7 disk herniation, and he had ACDF at that level in 1993. His back and neck pain have persisted since that time, leading to depression, and treatment with various medications. EMG's on 6/12/07 and 2/5/08 suggested bilateral C-6 radiculopathy.

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

I disagree with the denial of the requested surgery. The patient has persistent chronic changes on imaging studies at the C5-6 level, increasing in their severity since they were originally seen to a lesser extent at that level before his C6-7 ACDF. While there are some changes at the C3-4 level that might be contributing to his neck discomfort, the C5-6 level appears to be the probable area of his major cervical discomfort. The patient's electrodiagnostic tests suggest C6 difficulty, which would be secondary to changes seen on MRI at the C5-6 level.

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)