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Notice of Independent Review Decision

**DATE OF REVIEW: 12/3/09, AMENDED 12/9/09 TO INCLUDE BACK BRACE**

**IRO CASE #:**

Description of the Service or Services In Dispute

Laminectomy, facetectomy and foraminotomy, single vertebral segment. Back brace.

**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)
<input checked="" type="checkbox"/> 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, 10/6/09, 10/28/09

10/20/09 Report, Dr.

Reports 2008-2009, Dr.

Psychological evaluation report 10/2/09

Lumbar CT myelogram report 9/9/09

Lumbar MRI report 7/30/08

Electrodiagnostic testing report 1/2/09

Operative report ESI 7/1/09

ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who in xx/xxxx slipped and fell, hitting her low back and tailbone. She developed low back pain with radiation to her upper back and left lower extremity at that time, and this has continued. There is no history of previous such difficulties, but she did have a back sprain years ago from which she completely recovered. On this occasion chiropractic treatment, physical therapy, rest and medications have been unsuccessful in dealing with her trouble. An ESI also did not help significantly. A 7/30/08 MRI showed spondylolysthesis at the L4-5 level with bilateral neural foraminal narrowing. Additional diagnostic testing has included a CT myelogram on 9/9/09 with flexion and extension views, that showed not only significant stenosis at the L4-5 level, but also significant instability at that level.

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

I disagree with the decision to deny the proposed decompressive surgery with fusion at the L4-5 level of this patient's lumbar spine. The patient has had examinations: MRI, EMG, and CT myelogram with flexion and extension views suggesting significant nerve root compression and instability of the lumbar spine which well may be corrected with relief of symptoms by the proposed operative procedure. Prolonged conservative measures have not been of benefit, and psychological testing indicates that she is a candidate for a good result from the proposed surgery. A back brace may helpful to obtain some relief in the interim before such surgery,

**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)