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Notice of Independent Review Decision

DATE OF REVIEW: 7/15/09

IRO CASE #:

Description of the Service or Services In Dispute
Laminectomy, facetectomy and foraminotomy with decompression

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 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, 6/17/09, 6/24/09, 6/222/09, 6/16/09
Reports, Dr.
Notes, Dr. 8/08-9/08
Electrodiagnostic testing report 11/13/08
Lumbar CT myelogram report, 11/05/08
Lumbar x-ray report 8/19/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who in xx/xxxx fell from a ladder and developed low back pain. A diagnosis of compression fracture in the lumbar spine was made and Kyphoplasty was carried out on in March 2004. Subsequent to that, the patient has had multiple procedures on the lumbar spine, including fusion with an infection requiring an incision and debridement on 4/28/06, and revision of spinal instrumentation on 10/16/06. The patient indicates that he never has been pain free since his original injury, and he had increase in his pain with what he describes as a "crack in his back" on 6/26/08. This was associated with increased low back pain on the left side extending into the left hip and buttock region. CT myelography on 11/5/08 showed a left L4-5 moderate stenosis, with some stenosis on the right side, and a fractured rod on the right side in the L3-4 region. ESI's have been unsuccessful in dealing with the pain. Electrodiagnostic testing has indicated a left L5 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 recommended surgical procedure. The exact procedure will have to be determined by the findings at surgery. The patient has seen one year of increased discomfort since an event that caused probable increased trouble from radiculopathy, as shown on EMG evaluation. In addition, a CT myelogram has changes in the area that suggest trouble that could be surgically correctable. ESI's have not been successful in this area. Although there is less guarantee than usual that this procedure will be helpful, the prolonged period of the discomfort with findings on various examinations indicate that trouble may be found that could be surgically correctable, and therefore the recommended surgery is indicated.

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)**