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IRO Certificate

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 7/23/09

**IRO CASE #:**

Description of the Service or Services In Dispute  
L5-S1 decompression / foraminotomy

**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)
<b>X Overturned</b>	(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, 5/15/09, 5/28/09, 7/1/09  
Medical notes – 5/6/09 , Dr., Dr.  
Lumbar CT myelogram report 4/20/09  
Electrodiagnostic testing report 4/16/09  
Lumbar MRI report 2/16/09  
Operative reports nerve blocks 3/20/0  
Operative report 10/9/06, Dr. xxx

ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a xx-year-old male who in xx/xx fell about five and a half feet from a machine, landing on a hip. He developed back and lower extremity discomfort on the right side at that time. And this led to an October 2006 laminectomy. The patient did well and was able to return to work. The discomfort recurred in the back and lower extremity in 2008 in association with increased activities at work. There was no specific new injury involved. The pain in this occasion extended primarily in the lower extremity on the left side rather than the right, as was the case prior to his surgery. There was a diminished left Achilles reflex. Increased activity at work in March 2009 has led to the patient being unable to work because of increased discomfort. An EMG on 4/16/09 failed to show any radiculopathy. The CT myelogram on 4/20/09 suggests difficulty at the L5-S1 level,

worse on the left side, with a greater degree of foraminal stenosis on the left side because of facet arthropathy.

**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 operative procedure. The patient's CT scan distinctly shows greater foraminal stenosis on the left side, secondary to chronic changes in the patient's spine. While the EMG is negative, there is a suggestion of S1 nerve root difficulty, as evidenced by diminished Achilles reflex on the left side. While the L5 nerve root block on the left is only questionably significant in coming to diagnostic conclusions, it would appear that not only the L5, but also the S1 nerve root may be involved by the changes seen at the L5-S1 level. Therefore the proposed operative procedure may be beneficial.

**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)