

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH 512/248-9020
Fax 512-491-5145

IRO certificate #

DATE OF REVIEW: 6/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar laminectomy, decompression, discectomy, fusion and instrumentation

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

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 review outcome for each healthcare service in dispute

INFORMATION PROVIDED TO THE IRO FOR REVIEW

determination letters, 6/1/09, 5/26/09
Reports 5/20/09, Dr.
Follow up evaluations, 1/09-5/09
Lumbar ESI reports 4/09, Dr.
FCE report 2/10/08
Lumbar and thoracic MRI reports 2/6/09
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx-xxxx fell about 15 feet from a ladder. He developed low back pain that has persisted despite physical therapy, a restriction of his activities and ESI's on two occasions. A 2/6/09 MRI suggested multiple-level problems with the primary level of involvement being the L4-5 level, with spondylolithesis present. Following the MRI ESI's were performed, and they were not successful.

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

I disagree with the denial of the proposed operative procedure at the L4-5 level of the lumbar spine. There are changes on the patient's MRI that suggest instability, in addition to changes in the disk that suggest probable nerve root compression. With the changes seen, and the 26 months of discomfort, despite adequate conservative measures, it is medically probable that any additional testing would indicate the same level of difficulty, and the same requirement of decompression and fusion.

A 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)