

**Envoy Medical Systems, L.P.**  
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**DATE OF REVIEW: 11/23/09**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Revision L5-S1 lumbar laminectomy, discectomy, arthrodesis w cages, instrumentation

**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, 11/2/09, 10/22/09, 9/15/09  
Reports office visits 8/18/09,10/13/09, Dr.  
Reports 2008-2009, Dr.  
Follow up note 5/26/09, Dr.  
X-ray reports with flexion and extension views 5/4/09, 10/2/09  
Lumbar MRI report 3/24/09, 1/4/08  
Operative report ESI, 4/28/09  
Operative report discectomy 9/7/08  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xx slipped and developed low back and left lower extremity pain. Physical therapy was not helpful, and ESIs on three occasions were only transiently helpful. A 1/4/08 MRI showed evidence of a large left-sided L5-S1 disc herniation with nerve root compression. On 9/7/08 lumbar laminectomy at the L5-S1 level on the left side with discectomy with significant improvement for about six weeks, after which there was recurrent pain, primarily into the left lower extremity. This pain has persisted despite repeat ESIs and physical therapy. Flexion and extension views of the lumbar spine on 10/2/09 and 5/4/09 showed some instability at L2-3 and L3-4, but none is mentioned at L5-S1. The treating surgeon has noted that instability has been shown at the L5-S1 level, in addition to the recurrent disc herniation.

**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 L5-S1 level.. The patient's symptoms are primarily those of radiculopathy, and there is evidence both on examination and

MRI of recurrent disc rupture with S1 and possible L5 nerve root compression. The finding of instability at L2-3 and L3-4 is an incidental finding, and does not seem to relate to the patient's primary symptomatology. Fusion, in the face of recurrent disc herniation is thought indicated by many, and proceeding to fuse in addition to discectomy for the recurrent disc herniation is appropriate.

**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)**