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Notice of Independent Review Decision

DATE OF REVIEW: 11/6/09

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar ESI L L5-S1

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)
 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, 10/26/09, 10/13/09, 10/7/099/25/09
Letter, Dr. 9/30/09
Center For pain management reports, Dr. 6/09-10/09
Electrodiagnostic test reports 9/9/09
Lumbar MRI report 4/23/09
Lumbar CT scan report 3/30/09
Operative reports ESI's 6/16/09, 7/21/09
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx/xxxx developed back pain while driving a truck with a malfunctioning seat. Physical therapy and medications were unhelpful. A 4/20/09 lumbar MRI suggested left-sided L5 and S1 disk rupture, with possible S1 nerve root compression. This corresponded to his continued back pain, with extension into the lower extremities, mostly on the left side. A 3/30/09 lumbar CT scan had not shown the disk rupture. ESI's were tried on 6/16/09 and 7/21/09, and after the first injection there was significant improvement for three weeks, and less improvement with the second injection. A 9/9/09 electrodiagnostic evaluation failed to reveal anything suggestive of nerve root or peripheral nerve difficulties. After that, a third ESI was recommended.

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

I agree with the denial of the requested third ESI. A third injection is usually pursued after a second injection is more helpful than the first. In this patient's case, the second was probably less effective than the first, and significant pain returned within three weeks of each injection. Therefore, it is doubtful that another injection would be any more beneficial than the first two. The first two were not prolonged enough in their help to be considered effective.

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)