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Notice of Independent Review Decision

DATE OF REVIEW: 10/6/09

IRO CASE #:

Description of the Service or Services In Dispute
cervical x-rays

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, 8/31/09, 8/28/09
Notes, 7/09 –9/09 Dr.
Reports, 7/7/09, 1/6/09, 9/9/08, Dr.
Cervical MRI report 10/27/08
Operative report 12/19/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured in xxxx. The details of that injury were not provided for this review, and the earliest medical record provided was a 9/9/08 report. That report documented arm and right upper extremity pain with findings suggesting myelopathy, and led to an MRI that showed multiple levels of potential difficulty, including nerve root and spinal cord potential pathology. This led to a 12/19/08 C6-7 ACDF with a C4-6 fusion, associated with a C5 vertebral body removal. Instrumentation was also used in that procedure. Neck x-rays were obtained on 3/9/09, and they were reported by a reviewer as essentially not showing difficulty with the operation, but no radiology report was provided. The patient was seen on 9/16/09 and she continued to have neck, and right upper extremity pain and considerable difficulty swallowing. She had had only one set of x-rays after an extensive cervical procedure, and the potential of problems that can be seen on plain x-rays of the cervical spine is great enough for those to be justified.

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 x-rays of the cervical spine. With the patient having continued difficulty not only with neck and arm pain, but also with swallowing, findings should be present on those films that would not only give helpful information regarding the continued neck and arm pain, but also regarding her swallowing difficulty.

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)