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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 10/16/09

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar rhizotomy bilateral L4-5, 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:

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(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, 9/28/09, 9/23/09, 8/27/09
Letter from patient 2/28/09
Letter 9/15/09, Pain Mgmt
Multiple pain management notes 2008-2009, Dr.
Lumbar MRI report 1/15/09, 11/6/02, 6/22/99
Cervical MRI report 10/29/04
Lumbar CT scan report 1/17/03
Bone scan report 9/17/02
Operative report facet injections 4/19/05
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured in xx/xx, which led to back pain and lumbar surgery. The details of the injury are not in the records provided for this review. The patient developed what is referred to as a post-lumbar laminectomy syndrome, and his pain in the low back continues. On 4/19/09 bilateral L3-4, L4-5 and L5-S1 facet blocks were carried out. These were helpful, but the exact extent of their helpfulness is not documented in the records provided.

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 bilateral rhizotomies. The post block notes indicate that there was good relief of discomfort through about six weeks, but following that it is suggested

that pain was significantly recurring. There were three levels of blocks, and only two levels are generally considered indicated, and only two levels are being recommended for rhizotomy. How the levels for rhizotomy were arrived at is not documented in the records provided. Repeat injections at two levels, even if this has to be done once to cover all potential pain-producing pathology is thought necessary before radio frequency rhizotomies are considered.

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)