

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 10/28/09

IRO CASE #:

Description of the Service or Services In Dispute
Selected sequential R C4-5, C5-6 nerve root block w fluoroscopy

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, 8/4/09, 8/24/09
Report 10/6/09, 7/9/09, 6/2/09, Dr.
Report, 7/30/09, 3/2/09, 4/28/09, Dr.
Notes, 10/6/09, 3/6/09, Reports March, April, May 2009, Dr.
Report 7/22/09, re 4/29/09, Dr. DDE 4/29/09
Cervical MRI report 6/15/09
Electrodiagnostic testing report 4/27/09
Lumbar MRI report 3/12/09
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured in xx/xxxx slipped on some oil and fell. She developed low back and neck pain, and these pains have persisted. Physical therapy, chiropractic treatment and medications helped somewhat, with the present complaints being somewhat greater in the neck and right arm than in the low back and right lower extremity. There is also numbness in the right upper extremity, and there is a general suggestion of radiculopathy on the right side, without examination evidence of any particular root being involved. A 6/15/09 cervical MRI showed a left-sided C5-6 disk rupture, with some midline change to a lesser extent at the C4-5 level. This change was on the left side, and the patient's symptoms have consistently been on the right side. Nerve blocks on the right at C4-5 and C5-6 have been suggested to evaluate the source of the patient's pain.

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 nerve blocks prior to the cervical myelography which was recommended but has not yet been done. If cervical myelography shows some questionable areas on the right side at the above-mentioned levels, then those blocks may be indicated. But at the present time, there isn't evidence on imaging, EMG or physical examination suggesting right neck pathology as a source of the patient's trouble

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)**