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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/28/09

**IRO CASE #:**

Description of the Service or Services In Dispute  
ESI # 2

**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:

<b>X Upheld</b>	(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**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was injured in xx/xxxx when he slipped on a ladder and again in xx/xxxx when he was thrown out of a lift basket to the ground, with the lift basket staying on him briefly. He was rendered unconscious. X-rays obtained in the ER were negative, showing no fractures, and he was sent home. He complained of headache, neck pain, bilateral shoulder pain, worse on the right side, with some low back pain. Lumbar MRI and brain MRI evaluations were thought normal. A

xxxxx cervical spine MRI showed multiple levels of spondylosis, with a right-sided C6-7 disk rupture with foraminal stenosis. Therapy, medications and rest, along with a cervical ESI on 5/29/09 were not significantly helpful. The ESI is described as giving "some" improvement, but the patient's pain continued significantly. A 5/19/09 report noted that the C6-7 level was remarkable for right-sided herniated nucleus pulposus, with moderate to severe foraminal stenosis contacting at the exiting nerve root and displacing the right side of the spinal cord.

**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 second ESI. The previous injection was only questionably helpful in relieving the patient's discomfort. Continuing with this relatively conservative measure would probably delay the more definitive surgical treatment that is necessary. The patient is reluctant to pursue surgery and wants to try the steroid injection once more, but to grant him that is not medically indicated because of the probability that it will be of no long-term benefit.

**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**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

**X 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)**