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**Notice of Independent Review Decision**

**DATE OF REVIEW: 4/2/10**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar laminectomy and discectomy L5-S1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

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 review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 2/16/10, 1/26/10  
Notes Dr. 2008-2009  
10/19/09 Report, Functional Pain Center  
3/12/09, 4/27/08 Lumbar MRI reports  
Electrodiagnostic testing report, 1/22/09  
Operative report lumbar ESI 7/9/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xxxx developed low back pain while unloading 50 pound sacks. Physical therapy, medications and rest were not significantly beneficial. A 4/27/08 lumbar MRI showed changes primarily at the L5-S1 level, but nothing of surgical significance. There was significant degenerative disk disease change at the L5-S1 level as compared to the other levels. The patient has had continued pain despite considerable conservative management and an ESI in the lumbar spine on 7/9/09. A repeat lumbar MRI on 3/12/09 shows probable increased difficulty at the L5-S1 level, with central and disk herniation extending to the left side, corresponding to his symptoms. His most

recent examination revealed a left Achilles reflex deficit, and a sensory deficit in the S1 distribution on the left, and weakness of flexion on the left side.

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

I disagree with the denial of the proposed operative procedure. The patient has MRI findings that are progressively more severe over several months at that level, and his examination shows evidence of S1 nerve root difficulty, which corresponds with the level of abnormality on the MRI. The patient has had continued conservative management, including an ESI, without help. A second opinion examination agreed with the proposed operative procedure.

**A 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)