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Notice of Independent Review Decision

DATE OF REVIEW: 8/11/10

IRO CASE #:

Description of the Service or Services In Dispute
Bilateral transforaminal ESI

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, 7/20/10, 7/1/10
Letter, 7/12/10, Dr.
Clinical notes, Orthopaedic surgery Group 7/2009 – 7/2010
Laboratory reports 5/14/10, 3/26/10, 1/21/10, 8/20/09
Radiographic reports 3/26/10, 10/5/09
Electrodiagnostic report 1/25/10
MRI report 7/16/09
Operative reports, 2/16/10, 9/25/09
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who in xx/xxxx was injured. The details of the injury and early treatment were not provided for this review, although it is indicated that the patient had physical therapy and other conservative measures without benefit. MRI evaluation revealed a small L4-5 disk herniation on 7/16/09, and this was not thought to be surgically significant. The patient underwent ESI's on 9/25/09 and 2/16/10. There were complications with the first injection, and its success could not be determined. The second ESI provided relief of 30-80%, the figure varying in different reports. Some success was thought accomplished by the injection. An EMG has shown some left side only radiculopathy at probably L5 and S1 on 1/25/10.

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 ESI. ESI on the left side is indicated because the last ESI likely provided significant relief. Bilateral ESI's, however are not medically necessary, as there was no evidence provided on examination or EMG that suggested any right-sided difficulty, causing radiculopathy. The left side only is involved only both clinically and on EMG, and at the L4-5 level on the MRI. While complications are rare with ESI's, there are problems that can develop, and to inject an asymptomatic area on the right side is not indicated.

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)**