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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  
Lumbar laminectomy, disectomy, foraminotomy, partial facetectomy 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, 7/8/10, 6/8/10  
Health history 5/17/10  
Letter 5/17/10, Dr.  
Initial evaluation 10/22/08, Dr.  
SOAP notes 5-5/2009  
MRI report 6/24/10  
Review of DDE, 3/22/10 Dr.  
DDE report 3/12/10, Dr.  
FCE report 3/11/10  
Electrodiagnostic report 11/18/08  
Operative reports 9/4/09, 5/15/09, 4/30/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xxxx was injured while lifting bags in a twisting position, and developed low back and right lower extremity pain, primarily at the knee. He has undergone physical therapy and ESIs without help. There has been some numbness in the first three toes, with a questionable right Achilles reflex, but a distinctly strong radiculopathy findings are not reported. The treating surgeon indicated a right L5-S1 disk rupture with foraminal stenosis, but the MRI reports by two radiologists fail to identify any problem greater at the L5-S1 level than at the L4-5 level, without any lateralization.

**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 surgery at the L5-S1 level of the lumbar spine. The surgeon has a totally different opinion of the MRI evaluation than the radiologists. Under these circumstances, another opinion is worthwhile. This is especially so since there is nothing strongly suggesting that the L5-S1 is only area of trouble. With testing on two occasions indicating findings that do not correspond with what the surgery would be trying to correct, the surgery 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)