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DATE OF REVIEW: 8/24/10

IRO CASE #:

Description of the Service or Services In Dispute
CT scan bilateral hips

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:

- | | |
|--|----------------------------------|
| Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| Partially Overturned | (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, 6/25/10 with review, 6/9/10 with review
Clinical notes, mostly illegible, May, June 2010
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who in xx/xx slipped while giving an xxxxx. She developed left low back pain. There is a history of extensive lumbar fusion from the lower thoracic to the S1 levels of the spine, 2005. Physical therapy has not been of significant benefit, and the patient continues to have pain in to her left hip from her back. Findings include point tenderness in the lumbar spine region, and in the left hip region, and there is pain suggesting primary hip pathology as a source of the trouble. Additional findings suggest S1 radiculopathy, especially in the S1 nerve root distribution on both sides, with numbness on the right side and pain into the left hip.

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

I disagree with the denial of the requested bilateral hip CT scans. The patient has findings that suggest radiculopathy into both lower extremities, and she also has findings that suggest primary hip pathology as the source of her pain. The determination of how much contribution there may be from the hip would be important in dealing with her trouble, because if CT scans showed no probable contribution, then the concentration on the probable radiculopathy as the source of the problems would be more appropriate.

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)