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IRO Certificate

*Notice of Independent Review Decision*

**DATE OF REVIEW: 12/7/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Electromyography and Nerve Conduction Studies

**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)
XOverturned	(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, 10/8/10, 10/5/10, 9/29/10  
Clinical notes, Dr., 8/09 – 10/10  
Request 10/5/10, Dr.  
Notes, Dr. 7/23/10  
MRI report 7/13/10  
Operative report 10/21/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in was hit by a pipe and thrown against a truck. He developed back and leg pain, which was not helped by ESI's, physical therapy, rest, and medications during a four and a half-year period. A lumbar MRI showed L3-4 HNP, which included changes and potential difficulty at the levels above and the levels below. On 10/21/09, fusion and decompression were carried out the L3-4 level, and decompression at the levels above and below. The patient has continued to have pain, and in recent months, the pain has been not only in his back, but also in his right lower extremity. A 7/13/10 lumbar MRI suggested a left-sided cage displacement with potential nerve root compression, but this does not fit the symptoms, which are strictly on the right side. There is strong evidence of right mid-lumbar radiculopathy.

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

I disagree with the denial of the recommended EMG and Conduction Studies. Pain is on one side, and the potentially surgically correctable pathology is on the opposite side, additional information

by electrodiagnostic testing is frequently helpful in coming to therapeutic recommendations. For instance, if EMG and conduction suggested another level or type of pathology, then additional preoperative studies might be 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)