

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar ESI Left 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:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> 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, 8/31/09, 9/24/09
Center for Pain Management Notes, Dr. 2009
2/24/09 report Dr.
Sports Medicine reports 2/09
Hospital PT notes 2/09
Operative report ESI 6/23/09, 7/28/09
Lumbar MRI report 12/19/08
Peer review reports 2/12/09, Dr.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a -male who in xx/xx hit a bump while driving his truck. He developed back with radiation into the left lower extremity greater than the right lower extremity. Presently he has more pain in his left lower extremity at times than anyplace else, but his back pain is consistent. Physical therapy was not helpful. The patient has positive straight leg raising on the left, with some weakness of left great toe dorsiflexion, and a sensory loss that suggests L5 distribution trouble. The patient has had epidural steroid injections with some relief of his discomfort. Because of continued discomfort, another ESI has been recommended.

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

I agree with the decision to deny the repeat ESI. The patient has findings on examination and MRI suggestive of continued nerve root compression. While ESI's are often effective, when inflammation is still present in the nerve secondary to compression, they are rarely effective if

continued pressure is present on the nerve, and this seems to be the most logical circumstance in this patient's case. Consultation with a spine specialist could be beneficial to reaching the appropriate procedure in this case.

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)**