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Notice of Independent Review Decision

DATE OF REVIEW: 2/3/10, AMENDED 2/4/10

IRO CASE #:

Description of the Service or Services In Dispute
ACDF and plating C3-4, C4-5, 1 day in-patient stay

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, 1/22/10, 12/15/09, 9/9/09, 8/14/09
Systems decision 10/13/09
Notes, Dr. 2007-2009, with previous notes late 1990's
3/16/09 review, Dr.
Cervical MRI report 11/17/09
Cervical CT myelogram report 11/27/07
Op report ESI's
3/16/06 Op report fusion C5-6, c6-7 levels
8/23/94 Op report C6-7 laminectomy with foraminotomy
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who was injured lifting cables in xxxx. She developed neck pain, which led to evaluations, physical therapy and medications. An MRI suggested that the source of her neck and left upper extremity pain in xxxx, showed a problem at C6-7, for which she had a laminectomy and foraminotomy in 1994. ACDF at C5-6 and C6-7 levels was performed in 1996. Between these operations she continued to have neck pain with some upper extremity discomfort, and the neck pain continues to this point despite much physical therapy, ESI's and medications. Significant low back pain is also present. There were two reports on 1/19/09. At no time is there any recent examination suggesting myelopathy, either on the repeat MRI or any physical examination reports. The MRI of 11/17/09 suggests mild spinal stenosis at the C3-4 level, and mild to moderate stenosis at the C4-5 level and some posterior subluxation at the C4-5 level, which is stable.

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 proposed operative procedure. The patient continues to have various complaints, including her low back, and there is nothing on examination or MRI evaluations that would indicate that the source of her trouble are the changes at the C3-4 or C4-5 levels of her cervical spine. Under these circumstances it would be contraindicated to pursue the proposed operative procedure, in view of the medical probability that it will not be helpful, and because of the potential of operative complications in this woman. If there were changes, such as a cord signal on her MRI, or positive pathological reflexes with lower extremity hyperactivity, one might consider and operative procedure indicated, but these circumstances are not reported at this time. Since the surgery is not indicated, the 1 day in-patient stay is not necessary.

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)