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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 12/16/09

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar ESI L4-5

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)
X 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, 11/17/09, 12/1/09
Letter re telephone call 11/17/09, Dr.
Notes 2006-2009, Dr., Dr.
Lumbar MRI reports 11/7/05, 3/23/07, 9/16/09
Electrodiagnostic testing report 10/27/09

ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx/xx fell about seven feet from a truck and developed low back pain. X-rays of his spine showed a T-11 compression fracture with some chronic fractures in his upper lumbar spine. He was placed in a brace and healing was reported as having occurred on xx/xx/xx in a note by his treating doctor. Low back pain developed in xx/xx without any definite re-injury. There apparently had been some intermittent low back pain before the onset of the increase in severity. Physical therapy was not helpful. A 9/16/09 lumbar MRI showed an L4-5 disk rupture, with a grade I anterolisthesis and spinal stenosis. Diagnostic testing showed radiculopathy at the L5-S1 level, primarily on the right side.

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

I disagree with the decision to deny the requested epidural steroid injection at the L4-5 level of this patient's lumbar spine. There is evidence of radiculopathy with probable inflammation in the

nerve roots on EMG and MRI. The patient's symptoms are compatible with these changes, and although the patient may eventually undergo decompression with possible fusion at the L4-5, a trial of epidural steroid injections in hopes of relief in this 63-year-old gentlemen before consideration of a major surgical procedure is 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)