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Notice of Independent Review Decision

DATE OF REVIEW: 7/13/10

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar MRI

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, 6/7/10, 6/3/10, 5/27/10
Notes, Dr. 2007-2010
Radiology Reports 9/29/09, 12/29/08, 11/9/07
Psychological examination reports, July 3-7, 2009, may 30, 2008
CT lumbar myelogram report 6/3/09
MRI report 10/4/07
Spinal testing report 5/21/09
Operative reports 7/1/09, 6/3/09, 7/23/08, 12/27/07, 11/9/07
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx/xxxx was lifting some heavy material and in the process of almost falling, twisted his back. He developed pain in his low back, with extension into both hips, worse on the left side. There was a history of an L5-S1 laminectomy and fusion with instrumentation ten years earlier. Conservative measures were not successful, and a lumbar CT myelogram suggested difficulty which could be corrected at the L4-5 level. On 7/23/08, an L4-5 laminectomy with posterior lateral fusion along with anterior lumbar interbody fusion was carried out. The patient improved, but in 112 months his pain recurred. A CT lumbar myelogram on 6/3/09 showed L3-4 difficulty, but without definite surgical significance. The patient's pain continues, and he is being evaluated for a possible L3-4 surgery.

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

I agree with the denial of the requested repeat MRI. The patient has had previous MRI, and metal interfered with its interpretation. While the new material used in the 2008 surgery is probably more MRI-compatible, that material, plus the presence of the bone stimulator parts, would probably interfere with the interpretation enough that it would not be of significant benefit. A CT lumbar myelogram with flexion and extension views might be helpful, and might show changes that might be compatible with the recommended surgery.

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)