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Notice of Independent Review Decision

DATE OF REVIEW: 5/28/10

IRO CASE #:

Description of the Service or Services In Dispute
R L5 selective nerve block

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 4/28/10, 3/31/10
Follow up reports, Dr. 5/14/10, 4/19/10, 3/23/10, 2/26/10
Treatment memo, Dr. 12/18/09, 11/18/09
Physical therapy Plan of care 12/1/09, 10/29/09
Notes, Neurosurgical Associates, 11/6/09, 10/27/09
Treatment memo, Dr. 10/12/09, 9/29/09
Medication list
Injury 1st visit Xx/xx/xx
DDE report Dr., 2/3/10
Discharge summary 12/16/09
Peer review 11/6/09, Dr.
MRI lumbar spine report 10/15/09
EMG/NCS report 5/5/10
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a -male who in xx/xx fell and thereafter developed back and right lower extremity pain. The pain persists despite PT, medications and rest. A lumbar MRI on 10/15/09 suggesting a small right L5-S1 disc rupture with probable S1 and possible S2 nerve root compromise. An EMG on 5/5/10 was thought normal, with no evidence of radiculopathy.

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 requested nerve block. There is nothing on imaging studies or on the patient's examination to suggest L5 nerve root trouble. The medical notes do not indicate a diagnostic or therapeutic reason for the block.

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)