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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 5/10/10

IRO CASE #:

Description of the Service or Services In Dispute
Posterior Lateral Interbody Fusion L5-S1 w/3 days LOS

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, 4/26/10, 3/29/10, 10/16/09
Clinical notes 2009-2010, Dr.
Notes, 2010, Dr. Dr.
H & P, 7/9/09, Dr.
MRI lumbar spine reports 1/27/10, 4/30/09
Behavioral evaluation 8/23/09,
Operative report injection 8/6/09, follow up note 8/17/09, Dr.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured when he slipped while climbing on a machine. He immediately felt pain in his lower back and left lower extremity, and the pain persists in both areas. His examination along with two MRI reports, suggests nerve root compression at the S1 level, probably on the left side. Physical therapy was not beneficial, and made his symptoms worse. ESI's have not helped, also made his symptoms worse. The patient is obese, being 6'10" and weighing 310-330 pounds.

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 operative procedure. The patient's obesity would interfere with the results of that procedure significantly. In addition, the patient has very definite evidence on examination and MRI evaluation of an S1 nerve root problem, and while leg pain is not as severe as his low back pain, a simple procedure consisting of discectomy with nerve root decompression may be helpful in dealing with both pain problems. That procedure would not be indicated either, unless the patient could show that weight loss is possible, because with his weight, both the proposed procedure or a less extensive one would likely be unsuccessful in providing any long term benefit.

Standing flexion and extension views were recommended in the second surgical opinion, and there are no records of these being done. It is noted that on MRI report flexion and extension was shown to show no change in alignment in the lumbar spine, and this suggests that fusion 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)