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Notice of Independent Review Decision

DATE OF REVIEW: 11/1/10

IRO CASE #: 30436

Description of the Service or Services In Dispute
Lumbar laminectomy & microdisectomy L5-S1

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)
<input checked="" type="checkbox"/> 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, 10/6/10, 10/4/10
Medical reports, Dr. 02/2008 – 06/2010
CMT/ROM reports 6/4/10, 4/27/10
Peer review report 4/3/10, Dr.
Peer review report 4/16/08, Dr.
DDE report 3/9/10, 2009, 2008, Dr.
Radiology reports 4/27/10, 6/2/08, 2/13/08, 2/5/08, 10/28/03
EMG reports 6/24/08
Operative report 4/3/08
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who in was rear ended while on, by a large truck. She developed low back pain, and lower extremity pain. There is a history of work injury problems causing low back pain in and. Physical therapy, medications and injections have been of little benefit in dealing with her trouble, and her pain continues. A 10/28/03 lumbar MRI showed a 6-7 mm central disk herniation at L5-S1, but the 2/5/08 MRI showed this to have increased in size to one centimeter. This would indicate improvement in the MRI, but it appears from the radiology reports is that there is increased nerve root compression potential after the injury. Electrodiagnostic study has shown bilateral S1 radiculopathy, and on examination, straight leg raising is positive bilaterally, and the Achilles reflexes are absent.

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

I disagree with the denial of the requested surgery. The patient has had an ongoing problem for nearly three years, with findings on EMG, examination and MRI, probably accounting for her symptoms, and which are of a surgically correctable nature.

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)