

Envoy Medical Systems, L.P.  
1726 Cricket Hollow Dr.  
Austin, TX 78758

PH: (512) 248-9020  
FAX: (512) 491-5145  
IRO Certificate

**Notice of Independent Review Decision**

**DATE OF REVIEW: 11/21/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Right L4-5 diskectomy, 1 day 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:

Upheld	(Agree)
<b>X</b> 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, 11/2/10, 10/14/10  
Clinical notes, Dr. 6/10 – 10/10  
Hospital records 9/2010  
Imaging reports 7/19/10  
Electrodiagnostic testing report 4/13/09  
Psychological evaluations 5/28/09, 4/30/09  
Operative report 8/31/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in fell from the back of a truck. He sustained an injury, which caused back pain with extension into the right lower extremity. A diagnosis was made of L4-5 HNP. After the failure of conservative treatment, on 1/31/09 a lumbar laminectomy with diskectomy was performed. The patient has had some intermittent difficulty with continued back and lower extremity pain since the surgery, but was doing reasonably well until 9/11/10, when after a snap in his back he felt recurrent low back pain and right lower extremity pain. His pain was such that he went to the ER. This led to pain management, which over the past two months has not been significantly successful in dealing with his trouble. A repeat MRI shows probably surgically significant changes at the L4-5 level on the right side. His lumbar flexion and extension views fail to reveal any instability.

**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 procedure. The patient has been in significant pain for the last two months despite conservative management, including pain management measures. The patient also has had some difficulty with his low back and right lower extremity before the acute episode starting on 9/11/10, and this indicates that some difficulty has been present intermittently since soon after his surgery, over one year ago. His examination and MRI are not remarkably abnormal. However his persistent pain and physical and imaging findings suggest nerve root compression, which well may be relieved by the proposed operative procedure.

**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)