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*Notice of Independent Review Decision*

**DATE OF REVIEW: 8/30/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
ACDF C3-7

**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, 7/26/10, 7/2/10  
Follow up note 6/17/10, Report 4/27/10, Dr.  
CT cervical spine report 6/10/10  
Electromyography report 5/19/10  
Plain x ray report, MRI report 8/14/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xxxx was injured. The nature of the injury is not included in the material provided. The injury apparently led to a C5-6 ACDF at an unknown date. The patient's current symptoms of neck and arm pain developed about a year ago. His examination failed to reveal any reflex, sensory or motor deficit, and it is stated that full range of motion of the neck without pain is present. A CT scan shows multiple levels of difficulty, with some sbluxation At C4-5, and an MRI shows similar difficulties, without any definite evidence of nerve root trouble, and also suggesting the C4-5 sbluxation, with a possible disk rupture on the left side at C6-7, which is of small size and probably not surgically significant.

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

I agree with the denial of the proposed multi-level surgery. The C4-5 level is the only level that shows potential instability, and flexion and extension views may be of benefit in coming to conclusions that this is the only level that is significantly producing pain. In addition, there are not neurologic findings on examination or electromyography that suggest nerve root difficulty as

a source of the patient's discomfort. The potential of complications with this multi-level procedure are not justified, because the procedure is not directed at any particular pathology that is going to improve symptoms.

**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)