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**Notice of Independent Review Decision**

**DATE OF REVIEW: 9/5/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
ALIF L5-S1 2 days hospital stay

**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, 8/2/10, 7/8/10, 6/14/10, 5/12/10  
Back Institute notes 4/2010-6/2010  
Medical Center notes 1/2010  
Radiology review 4/29/10  
Electrodiagnostic results 4/6/10  
MRI lumbar spine report 3/17/10  
Procedure note with radiographic interpretation 5/18/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in xx/xxxx was moving some material and developed low back pain. Medications and physical therapy were not helpful. A lumbar MRI on 3/17/10 showed difficulties at the L5-S1 level, with potential nerve root compression with central disk herniation. An ESI was not helpful. EMG on 4/6/10 showed bilateral S1 radiculopathy. Examination shows no reflex, motor or sensory or motor deficit, and straight leg raising is negative. There is no bowel or bladder difficulty. Psychological evaluation cleared the patient for surgery, but indicated that he needs a great deal of information and structure in order to achieve maximum gains from surgery.

**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 surgery with hospital stay. There is no instability on flexion and extension views. In addition, only a short period of time has passed since the patient's injury, and the possibility of improvement is certainly present, with the patient avoiding things that increase his discomfort. He continues to work, and he can continue in his job, with the

avoidance of things that increase his symptoms. Additionally, the patient is a xx-year-old male, and the potential complications of the procedure could be severe, and a lesser procedure, if the patient's symptoms persist, may be a more logical approach.

**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)