

**Envoy Medical Systems, L.P.**  
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**IRO Certificate #**

**Notice of Independent Review Decision**

**DATE OF REVIEW: 3/31/11**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Cervical EMG/NCV

**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**

Letter: Dr, 3/1/XX  
Adverse determination letters, 3/8/11, 2/25/XX  
Progress Notes, Dr, 12/20XX-3/20XX  
Lumbar MRI spine report 6/12/XX, MD  
Cervical MRI report, 6/16/XX  
Operative report, 4/20/XX  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a now XX-year-old male who was injured in an unknown way in May XXXX. A description of the injury is not included in the material received for this review. This caused the development of neck, low back and thoracic pain, which eventually led to a lumbar laminectomy, with some relief of low back and lower extremity discomfort. The patient has had continued neck discomfort, without the state lateralization, and this was not improved except for transiently, by a 4/20/XX bilateral facet radio frequency neurectomy. A 12/6/XX report suggests that the patient's lumbar pain had much improved, but the cervical pain had become more severe, and now extended into the left upper extremity, with an examination showing a deficit to pin prick in the C5 and C6 locations, with range of motion examination suggesting cervical disk disease as the source of that trouble. A repeat MRI along with electrodiagnostic testing has been recommended. The MRI performed almost X years ago showed multiple levels of disc degeneration difficulty, but without any specific area that could be dealt with surgically or by injection.

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

I agree with the denial of the requested electrodiagnostic testing prior to obtaining a fresh MRI. It has been X years since the patient's last MRI study. He has developed new symptoms and increased pain since then. Changes could have occurred which would show an area that could be injected or surgically corrected. The patient's most recent examination suggests levels of involvement at the C5 and C6 area, but this is not so definite that additional testing with an MRI would be helpful in determining the exact location of the trouble. If an MRI fails to show a distinct area which can be dealt with, then EMG/NCV might be helpful to determine the location.

**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)**