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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 4/15/10/11

IRO CASE #:

Description of the Service or Services In Dispute
L5-S1 360 Fusion w/3 day inpatient 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:

Upheld	(Agree)
X 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, 3/23/11, 2/28/11
Clinical Notes, 10/13/XX-1/24/XX
Eval Report 2/22/XX
Lumbar X-ray report, 1/24/XX
Lumbar MRI report, 8/31/XX, 8/12/XX
Operative report, lumbar surgery, 2/16/XX
Operative report, lumbar ESIs, 11/11/XX,10/7/XX

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XX-year-old female, who in XX/XXXX in trying to stop a falling object from hitting her, developed back pain which soon extended the right lower extremity. The symptoms continued despite physical therapy and epidural steroid injections. A lumbar MRI on 8/12/XX suggested L5-S1 changes compatible with nerve root compression. Lumbar epidural injections in late 20XX helped only transiently, so on 2/11/XX lumbar laminectomy with discectomy at the L5-S1 level was carried out with only 50% diminution of pain. Her pain continued, with extension into the right lower extremity, with weakness developing. An MRI on 8/31/XX showed continued probable nerve root compression at the L5-S1 level with retrolisthesis, and probable instability. Physical examination is compatible with nerve root compression in the lower space of the lumbar spine and has been recommended that L5-S1 360° fusion be pursued.

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

I disagree with the denial of the proposed operative procedure. The patient has had less invasive surgery without success, and despite continued conservative management, her pain continues with findings suggestive of potentially disabling and increasing weakness in the lower extremity along with the pain. Her physical findings and the MRI suggest changes which could be helped significantly 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)**