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IRO Certificate

DATE OF REVIEW: 12/01/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Cervical Decompression, Discectomy,, Instrumented Arthodesis, C4-7; 1day 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:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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

1. Corporation denial of services, 11/9/11
2. Dr., review of the cervical MRI, 9/7/11
3. Progress notes and office visit notes, Dr., 9/6/11, 9/27/11.
4. Report, Dr., 10/5/11
5. Notes regarding epidural steroid injections, MD, 6/22/11 and 5/10/11
6. Peer review report, Dr. 4/29/11
7. Notes by Dr. Clinic.
8. Physical performance evaluation report, 6/30/11
9. Electrodiagnostic test report, Dr. Clinic, 5/26/10
10. Cervical MRI report, Dr. of 2/15/10
11. ODG Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

This case involves a now male who in xx/xx was hit in the top of his head by a carry-on bag weighing 25 to 30 pounds. He had immediate neck pain. He was seen in the emergency room and dismissed and subsequently has seen chiropractic and has had chiropractic treatment, multiple medications, and epidural steroid injections on four occasions. The patient's examination has shown triceps brachioradialis weakness and left triceps reflex weakness along with some questionable weakness in the C6 distribution on the left side. The C6-7 level is the primary producer of the findings on physical examination. An EMG failed to reveal any radiculopathy. His sensory examination has been essentially intact as far as showing any definite sensory chain suggesting root compression.

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

I agree with the denial for the multilevel anterior cervical discectomy, which has been proposed. However, a repeat workup with EMG and even possibly CT myelography could give information that would support less than a three level problem requiring surgery. It is medically improbable that three levels are significantly contributing to the patient's 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)**