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IRO Certificate

DATE OF REVIEW: 12/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of Lumbar without contrast

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

Adverse determination reports, 11/14/11 and 11/02/11
Clinical notes, Dr. 2009 to 2011; 1998
Lumbar spine x-ray report, Dr. 5/19/09
DDE and required medical evaluation report, Dr. 12/18/09
Lumbar MRI report, Dr. 11/29/03
Clinical report, 12/22/03
Psychological testing report, psychologist, 10/04/05
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now male who was hurt sometime in the fall of xxxx while lifting a television and redeveloped low back pain. There was a history of problems leading to an L4 through S1 lumbar fusion in 1998. The patient's pain continued and led to more evaluation by MRI and CT myelography. After those tests were accomplished on 3/11/97, he had extension of the fusion that had been previously performed, but this time going into the L2- 3 and L3-4 regions. More fusion was required in 1998 after the hardware from the previous fusion disrupted. In 2005, an artificial disc was considered at the L1-2 level because of changes there on an MRI. The patient does not have any neurological deficit in the way of reflex sensory or motor change. The patient continues with pain medications and the use of TENS unit. The patient is "not a candidate for surgery" according to his most recent examiners. This is probably because of the patient's artifact history with cardiomyopathy. A 5/19/09 lumbar spine x-ray showed changes of L1-2 retrolisthesis of 4 to 5 mm. Lumbar MRI on 11/29/03 suggested mid-line disk rupture at the L1-2 level.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS.

FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I agree with the denial for the repeat lumbar MRI. There have been no changes in his symptoms except for some increase in the pain and there is no physical examination change that would suggest the criteria for repeat MRI was present according to the official disability guidelines. The patient's symptoms, plus the MRI changes in 2003 and the changes shown in the plain film x-rays in 2009, suggest that more evaluation at the L1-2 level may be helpful. A CT myelogram with flexion and extension views may possibly reveal changes at the L1-2 level, which would be surgically correctable.

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)**