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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 1/4/11

IRO CASE #:

Description of the Service or Services In Dispute
Cervical ESI with fluoroscopy

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, 11/4/10, 10/13/10
Clinical notes, Dr., 7/10 –11/10
Report MRI cervical spine 6/28/10
Report MRI lumbar spine 6/28/10
Operative report 8/17/10
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a female who in xx/xx was lifting a patient and developed neck and lumbar pain. The pain soon extended into both shoulders and both arms, worse on the right side. Cervical MRI on 6/28/10 showed a right-sided C5-6 disk rupture, and severe degenerative disk disease changes, causing foraminal stenosis at the C6-7 level. A lumbar MRI on the same date showed degenerative disk disease changes, especially at the L4-5 level, with right foraminal stenosis. Examinations show reflexes to be normal, but there is nothing in the record that indicates adequate sensory or motor examination being performed. There are no electrodiagnostic testing results. On 8/17/10 a cervical ESI was performed. Two weeks after the injection, a note indicated “got no real benefit from it.”

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 cervical ESI. There was no help from the initial injection. There is lack of strong evidence of radiculopathy. The MRI findings suggest changes that would

be helped only transiently at best by ESI. The recommended ESI's would probably only delay the process of diagnostic testing to come to a conclusion regarding possibly more definitive surgical correction.

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)