

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145
IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 6/14/11

IRO CASE #:

Description of the Service or Services In Dispute:

5 day inpatient L4-5, L5-S1 TLIF, posterior spinal fusion L4-S1 and spinal monitoring

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

ODG guidelines
Adverse determination letters 4/13/11, 3/28/11
Clinical notes, Dr. 10/2010-5/2011
Clinical notes, Dr. 9/2010-5/2011
Radiology reports 4/29/11
Laboratory report 4/27/11
Psychological evaluation 1/11/11
Lumbar myelogram and CT report 12/27/10
MRI report 7/22/10
Electrodiagnostic testing report 11/1/10, Dr.
Initial evaluation 8/5/10, Therapy Center
Operative report 11/11/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who in xx/xxxx developed back pain, which was soon joined by right lower extremity weakness and numbness. Physical therapy and medications including prednisone were not significantly helpful in dealing with his trouble. A lumbar epidural steroid injection was also used without help. An MRI on 7/22/10 and an EMG on 11/1/10, along with a CT myelogram, suggested right-sided L5 and possibly S-1 nerve root compression, secondary to disk changes. Lumbar flexion and extension views on 4/29/11 failed to show any instability. The patient's pain

persists despite extensive conservative management, which was delayed at times because of the lack of approval.

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

I agree with the denial for the extensive surgical procedure on the lumbar spine, including fusion. There are findings on imaging studies, electrodiagnostic testing and physical examination to suggest right L5 and possibly S-1 nerve root compression, and a procedure to decompress those nerves without fusion would seem more likely to benefit the patient than the extensive procedure that is proposed. There is no evidence of instability on various tests, including plane x-rays and CT myelogram evaluation.

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)