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Notice of Independent Review Decision

DATE OF REVIEW: 3/23/11

IRO CASE #:

Description of the Service or Services In Dispute
ACDF c4-5 and C5-6 with partial vertebrectomies, allograft and plate fixation. One day hospital stay post-surgery

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)
<input checked="" type="checkbox"/> 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, 3/7/11, 1/11/11
Radiology report 10/20/10
MRI cervical spine report 3/26/10
EMG/NCV report 3/19/10
MRI left shoulder report 2/10/10
Orthopaedic Center clinical and physical therapy notes 8/2010 –12/2010

ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was in a motor vehicle accident in. His truck rolled over twice, and he sustained a dislocation of the left shoulder. In addition, he soon developed neck pain, with some upper extremity discomfort. He had left shoulder surgery on 7/2/10, and has shown gradual improvement in his left shoulder level of discomfort since that time. He continues to have pain in his neck, extending into the upper extremities, primarily on the right side. Physical therapy with traction only helped transiently. He had another motor vehicle accident 10/12/10, but this did not increase his symptoms. A cervical MRI on 3/26/10 showed C4-5 and C5-6 changes, with right C5-6 disk rupture, causing nerve root and spinal cord difficulties potentially at both levels. An EMG on 3/19/10 was compatible with right cervical nerve root compression.

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

I disagree with the decision to deny the proposed C4-5 and C5-6 anterior cervical discectomy and fusion. The patient's symptoms and his MRI are compatible with changes causing compression of nerves, which can be corrected by the proposed surgical procedure. The patient has not been helped by conservative management, including traction on his neck. The changes on MRI not only suggest a reason for the discomfort, but also show changes which could cause myelopathy in the future, which could be eliminated by the proposed procedure. The procedure, therefore, could be beneficial in both relieving current pain, and in possibly preventing future myelopathy from developing, with the changes as severe as they are on MRI.

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)