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Notice of Independent Review Decision

DATE OF REVIEW: 4/22/11

IRO CASE #:

Description of the Service or Services In Dispute
Anterior Lumbar Interbody L5-S1 360 Fusion w/1 day inpatient stay

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involving a now male who in was lifting heavy pump equipment and developed low back pain. The pain extended into the lower extremities primarily on the right side. Physical therapy and injections have not been helpful. The patient's examination reveals straight leg raising to be positive bilaterally but there is no reflex, sensory or motor deficit indicating a radiculopathy, as recorded in the reports. The lower extremity pain is primarily on the right side and on 8/28/2010 electromyography suggested a right S1 and possibly L5 radiculopathy on the right.

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

I agree with the denial of the proposed anterior lumbar interbody fusion. There is a disagreement regarding the presence of spondylolisthesis between the surgeon and the radiologists. Even if a degree of spondylosis with pars defects were present, if surgery becomes necessary, a posterior approach would be preferable to the proposed procedure, especially in this young gentleman, considering the potential complications of the anterior approach rather than the posterior

approach. There is evidence of disk problem at L5 S1 being greater to the right side, as evidenced by the patient's pain and the EMG and a decompression and discectomy may be helpful not only with the radiculopathy symptoms but also with his low back pain.

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)