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IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 5/16/11

IRO CASE #:

Description of the Service or Services In Dispute
Laminectomy/Discectomy L4-5, 1 day LoS

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now female who in xx/xxxx was lifting, and developed low back pain. This was soon associated with left lower extremity pain. With physical therapy, medications and rest not helping, an MRI was done on 6/30/2008, showing a probable left L3-4, L4-5 disk change compatible with nerve root compression. An EMG showed an L5 radiculopathy. A CT myelogram was done, but because the MRI was thought not quite definite enough, and this showed primarily an L4-5 problem of probable disk rupture. More conservative management including epidural steroid injections was unsuccessful in dealing with her pain, so on 5/14/2009, she had a left sided L4-5 hemi-laminectomy with discectomy. She improved slightly but has continued to have pain off and on to a significant extent since that time. She has had extensive conservative trials including a trial of a spinal cord stimulator without significant benefit. A 5/26/2010 lumbar MRI showed residual or recurrent lumbar HNP larger size than that was present on the initial MRI, both being at the L4-5 level.

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

I disagree with the denial for the proposed operative procedure at L4-5 on the left side, with probable discectomy. The patient has had a long course, un-relieved by extensive conservative management. She has a post operative MRI showing findings probably surgically correctable. Reexploration and probable repeat discectomy is therefore thought indicated. The only additional study that might be considered before this procedure is done is to repeat the lumbar myelogram looking at especially flexion and extension views for the potential instability, which might indicate a fusion to be associated with the discectomy.

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)**