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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/25/11

**IRO CASE #:**

Description of the Service or Services In Dispute  
L5-S1 Anterior/Posterior Fusion w/ decompression; 2 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:

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**

**PATIENT CLINICAL HISTORY (SUMMARY):**

This case involves a female who in developed low back pain with bilateral buttock pain in association with lifting a falling patient. She was reported as xx years old in one medical report, but that apparently is not her true age. She has become gradually "worse in the last few months" despite medications, physical therapy and epidural steroid injections on three occasions. Her examination reveals obesity with positive straight leg raising bilaterally and worse on the right side. There is no reflex change. In one report there is mention of a deficit to L5 sensation bilaterally and some dorsiflexion weakness bilaterally but the extent of this is not reported. No definite objective evidence of radiculopathy is present.

**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 and posterior surgical procedure to the lumbar spine. There is no instability evidence on x-ray, and there is no definite radiculopathy evidence

by way of a distinct examination report or electrodiagnostic testing. Since the patient has indicated being helped somewhat by physical therapy, TENS unit, epidural steroid injections and rest, a continued course of conservative management, adding weight loss and bracing on ambulation, would be potentially as helpful as the rather extensive surgical procedure that is recommended, which could be associated with complications which would make her circumstances worse.

**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)**