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**Notice of Independent Review Decision**

**DATE OF REVIEW: 10/10/11**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Physical Therapy, Eval & Treatment, Home Mgt Training

**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**

1. denials of 9/13/11 & 9/19/11 by M.D. & M.D., respectively.
2. Adjuster's notes outlining history of medical problems and treatments
3. Clinical notes by Neurosurgical Association from 2/22/11 through 8/30/11 with a final note by MD.
4. Physical therapy clinical notes from March through July of 2011.
5. Lumbar MRI report 6/1/11 and 5/24/11.
6. A cervical MRI report of 5/24/11.
7. A lumbar spine x-ray with flexion and extension views 5/3/11.
8. Lumbar spine x-ray report 3/29/11.
9. Lumbar CT spine report of 8/30/11, MD.
10. Cervical spine x-ray report 6/6/11.
11. Op report anterior cervical discectomy and fusion at the C4-5 level on 6/6/11.
12. Op report for lumbo-sacral fusion on 2/22/11.
13. ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a male who in xx/xxxx fell 20 to 25 feet landing on his buttocks and developing severe low back pain immediately. X-rays that day showed a cervical spondylosis along with an L2 fracture and L5 burst fracture with retrolisthesis and retropulsion of fragments. Examination showed bilateral foot drop with diminished sensation in the L5 distribution, along with absent Achilles reflexes. A lumbo-sacral fusion with instrumentation was done that day. Physical therapy was being pursued for his back when he developed signs and symptoms of cervical myelopathy. An MRI of the cervical spine suggested significant spinal cord compression at the C4-5 level and on 6/6/11 an anterior cervical discectomy and fusion was done at that level.

The patient has done well in recuperating from his cervical spine surgery. His back pain has improved but continues, and on 8/30/11 a lumbar CT scan showed poor healing of the fracture. Anterior L5 corpectomy with fusion was recommended as a possibility along with more physical therapy.

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

I agree with the denial for the continued physical therapy and the associated services. The present physical therapy has not shown significant progression of symptom relief. In addition, as of 7/20/11, there was a consideration being made for lumbar surgery consisting of anterior L5 corpectomy with fusion. There is some difference of opinion in regard to the CT scan of 8/30/11; there being a poor fusion on the right side according to the surgeon, although the radiologist indicates stability. With physical therapy not being documented at helping significantly and with possibly more surgery for an unstable fusion being considered, more physical therapy is not indicated and even may be contraindicated.

**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)**