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Notice of Independent Review Decision

DATE OF REVIEW: 10/12/11

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar ESI, L5-S1

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)
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

1. Insurance Company's, denial report of 8/31/11.
2. Letter, 1/27/2007, Dr.
3. Clinical notes, Dr., 1/29/2007 – 8/22/2011.
4. Op report regarding L5-S1 discectomy on 10/31/2005.
5. Op report regarding L5-S1 and L4-5 discography on 8/21/2007.
6. Radiology reports, 11/23/2009, 8/23/2007, 3/22/2007
7. Electrodiagnostic testing report. 4/1/2010
8. ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who in xxxx was in an 18 Wheeler rollover and sustained several injuries. He had neck injury, which led to anterior cervical discectomy and fusion on 2/19/2001. In addition, there was low back injury which led to multiple epidural steroid injections without help and a lumbar laminectomy with L5-S1 discectomy which was carried out in 2005. But the patient's symptoms persist and have been helped only slightly. Back pain, and lower extremity pain and numbness continued. The patient also had a right shoulder injury with surgery done on 2/22/2007, with improvement. The patient has had discography at the L5-S1 level, which is difficult to interpret, considering that there was discectomy at that level. Lumbar MRI of 11/23/2009 showed findings of a chronic nature. There probably are surgically significant changes at the L5-S1 level on the left with the changes of the laminectomy present on the right. A lumbar MRI on 12/27/2007 showed left S1 nerve root entrapment by scarring. An EMG on 4/1/2010 showed evidence of chronic radiculopathy with nothing to suggest radiculopathy that would be helped by steroidal injection.

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

I agree with the denial for the L5-S1 epidural steroidal injection. The patient's previous epidural steroidal injections, although they worked preoperatively were not helpful in dealing with his trouble, and there have been multiple attempts.

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)