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IRO Certificate

DATE OF REVIEW: 10/27/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat Cervical MRI, w/wo contrast

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

Adverse determination letters, 9/19/11 and 9/28/11
Clinical notes, M.D., initially on 3/12/2001 re: patient's lumbar spine problem and subsequently in xx/xx regarding his neck and arm discomfort.
Electrodiagnostic testing report of 8/24/2007 by Dr.
Cervical MRI report of 3/1/2007 on a study done on 2/28/2007.
MMI report with impaired rating 11/6/2002 by M.D. Op report regarding lumbar trigger point injections 9/7/2011
ODG guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

This case involves a now male who in xx/xx was lifting, and developed low back pain. An MRI showed L5 disk rupture, and lumbar surgery was performed. His discomfort in the back extended intermittently into the left lower extremity and has continued. The patient also developed neck and right shoulder pain in association with the injury, and the exact dates this actually developed are not present in the records being reviewed. Also not in the record is anything suggesting a change in the patient's neurologic status since a cervical MRI was performed on 2/28/2007. The MRI showed only a small central disk herniation at C6-7, with no spinal cord or nerve root compression. Neck surgery was apparently planned, but the patient's symptoms improved to the point that in 2009, that was canceled.

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

I agree with the denial regarding the repeat cervical MRI. There is no new neck related signs or symptoms that have developed since the 2007 cervical MRI, and according to the official disability guidelines: "Repeat MRI evaluation is not indicated without documentation of new neurological deficits." An 8/24/2007 EMG showed changes of re-ervation in the C6-7 level on LHL602 REV. 05/08

the right side, suggesting that radiculopathy may be present in that area, despite the lack of any neurologic findings or anything on the MRI to suggest that being the case. However, since the MRI was potentially abnormal only at the C6-7 level, if repeat examination, along with repeat EMG and plain cervical spine films, suggest deterioration at the C6-7 level, with possible symptom production, then under those circumstances, the denial for the MRI should be overturned. There is nothing in the present records to suggest any of this has been accomplished.

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)**