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IRO Certificate

**Notice of Independent Review Decision**

**DATE OF REVIEW: 12/19/11**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar Laminectomy & Fusion @ 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:

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**

Denial letters, 11/8/11, 12/6/11  
Clinical Notes, Dr. 9/22/09 – 11/14/11  
Lumbar MRI report, Dr. 10/14/11  
Electrodiagnostic testing report, Dr. 1/31/11  
Cervical/Lumbar MRI reports, Dr. 6/29/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case is that of a now female who, on xx/xx/xx, was involved in a accident. She was taken to the emergency room after that accident and released. She complained of neck pain and low back pain with some dizziness at that time. Pain continued despite physical therapy and chiropractic treatment and she was seen on 9/22/09 by Dr. . She was having the same pain plus extension of the low back pain into the left lower extremity. Her examination, at that time, revealed positive straight leg raising on the left side, but there was no reflex, sensory, or motor deficit. Subsequent examinations have indicated a diminished left Achilles reflex and also some difficulty in heel and toe walking which seems to come and go. According to Dr. the patient has had epidural steroid treatments in addition to the therapy and chiropractic treatments. There is no report regarding epidural steroid injections in the material reviewed. The pain has shifted from the left lower extremity to the right lower extremity and that occurred some time in early 2011 according to the 3/24/11 note by Dr.. A right-sided L5-S1 lumbar laminectomy with

discectomy were recommended at that time. It is now recommended that the patient have an L4-5 laminectomy with fusion.

**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 L4-5 laminectomy and fusion. The patient has significant L5-S1 level pathology and has had recommended surgery at that level, which is the level below the proposed fusion level. The radiology report does not indicate "thoroughly large herniated disk at the L4-5" as indicated by Dr.. There is no documentation of instability at the L4-5 or the L5-S1 levels, such as would be present with flexion and extension views. Possibly with the passage of more time and possibly reinstating physical therapy measures may give better evidence for the correct level of surgery and type of surgery than is presently available.

**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)