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Notice of Independent Review Decision

DATE OF REVIEW: 1/24/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Transpedicular Diskogram/Discectomy Left L4-5, Fluoroscopy

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:

- 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

Adverse Determination Report, 12/19/11, 1/06/12
Clinical Note, M.D., 12/02/11
Psychological Testing Report, PhD, Clinical Psychologist, 8/26/11
Pain Management Evaluation Report, M.D., 8/01/11
Lumbar MRI Report, M.D., 5/27/11
Op Report - left ankle surgery, 9/15/11
ODG guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

This now male who, in xx/xx, twisted his ankle in a fall from a scaffold in which he fell onto his back. The left ankle was twisted and the patient subsequently developed not only low back pain, but left lower extremity back pain. Physical therapy, chiropractic treatment, and epidural steroid injections have not given significant relief. On physical examination there is some L5 distribution sensory deficit on the left and positive straight leg raising on the left. There is slight dorsiflexion of weakness of the left great toe and left foot. A lumbar MRI on 5/27/11 showed a "broad-based" disc herniation at L4-5 without foraminal narrowing and nothing to suggest specific nerve root compression at the L5 level. There was thecal sac flattening. A small central herniation was seen at the L5-S1 level. L4-5 discography and discectomy have been recommended. The patient had left ankle surgery on 9/15/11 without any change in his

lumbar pain.

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

I agree with the discography denial. The official disability guidelines have indicated that this procedure is rarely helpful, and in this case, certainly applies. As to the recommended discectomy with the physical findings, such as they are, this is a potentially beneficial procedure. Possibly, if additional testing, such as EMG and CT myelography or repeat MRI, showed evidence more compatible with left L5 nerve root compression, then I would disagree with the denial for the discectomy. Under the present circumstances, I cannot disagree with the denial.

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)