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IRO

Notice of Independent Review Decision

RE: IRO Case #: 41292 (Amended Cover Letter, Pg. 2 - 6/27/12)

DATE OF REVIEW: 6/20/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal lumbar interbody fusion @ L4, L5 and S1 on right with 2-3 day inpatient stay. CPT codes: 22612, 22614, 22842, 22851, 20931

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in Neurological Surgery

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTHCARE SERVICES IN DISPUTE.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, Svcs., 4/20/12 (2) & 4/13/12 (2)

Adjustor's Notes, , 1/25/12

Initial Pre-Auth. Request, (Ex. 2) 4/10/12; Pre-Auth. History (Ex. 7) 1/24/12 - 3/28/11

Peer Reviews (2), 10/11/11, 8/26/11

Clinical Notes, MD; 4/23/12, 4/02/12, 1/23/12, 12/15/11, 3/03/11

Radiological Rpts., Various, 11/15/11, 3/17/11, 2/15/11

Urgent Care Notes; 6/24/11, 6/20/11, 6/17/11

Lab Rpt, CPL, 4/05/12

ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now male who, in xx/xx/xx twisted his back performing CPR and developed "severe sudden low back pain". Conservative measures including epidural steroid injections in the lumbar spine have been insignificant in dealing with his trouble. His physical examination is compatible with possible nerve root compression in the lower

extremities and the left lower lumbar spine, but no specific nerve root findings are present. An EMG indicated S1 nerve root radiculopathy. The last note, available on 4/23/12, indicated that the patient's leg symptoms are now primarily on the right side although some left lower extremity discomfort continues. A fusion at the L4-5 and L5-S1 levels has been recommended.

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

I agree with the denial for this operation. Indications for fusion are primarily instability, and there is no evidence of that in this case. The only flexion and extension review report noted was in the 4/23/12 Orthopedic Group Report, and it stated "no gross instability noted on his studies". The "micro instability" as evidenced by inflammatory reaction seen on MRI is not thought to be a fusion indication.

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)**