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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/23/12

IRO CASE #: 39908

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
DLIF@L4-5; Posterior lumbar fusion @ L4-S1; Inpatient Stay x 4 days

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:

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters/Case Summaries, 2/15/12, 1/31/12
Clinical Notes, 2/22/12 - 12/26/11
Clinical Notes, Op Reports, 2012; 6/8/11
Clinical Notes, 2/04/08
Lumber Spine X-ray Report, 1/16/12
Lumbar CT Myelogram Report, 12/6/11
EMG report, 3/12/11,
Op reports L4 nerve blocks, 10/5/11
ODG guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

This case involves a male who was injured by an unknown mechanism on xx/xxxx. This led to an L5-S1 anterior lumbar interbody fusion in 2002. The patient had relief of pain for only about 10 months, and a lumbar decompression had to be carried out in 2003. The pain continued and spinal cord stimulation in 2006 was applied, and a posterior fusion at L5-S1 was also done. Recurrent pain in his back and right lower extremity has led to nerve blocks and facet rhizotomies in 2011 without significant relief. An examination in December, 2011 showed weakness primarily of right dorsiflexion, along with a diminished right patella reflex and positive straight leg raising on the right. A lumbar myelogram

showed changes at L4-5, which suggested a reason for the patient's recurrent back pain with lower extremity pain on the right side. X-rays with flexion and extension views on 1/16/12 showed instability at the L4-5 level in addition to the retrolisthesis.

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

I disagree with the denial for the proposed decompression and fusion on the lumbar spine at the L4-5 level, with the fusion consisting of L4 through S1 posteriorly. The patient's flexion and extension views show instability in the area of the retrolisthesis. In addition, the amount of surgery necessary laterally for removal of the disc would likely give additional instability to the L4-5 level, which already shows instability on flexion and extension views. Therefore, the fusion is indicated.

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)