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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 5/22/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient stay (3 days) for lumbar spine hardware removal @ L4-S1, fusion decompression, lateral interbody fusion (XLIF) and spinal cord stimulator (service being denied - CPT codes: 63012, 63090, 63091, 22558, 22585, 22851, 22852, E0748, L0636)

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters & Reconsideration, 5/09/12 - 2/07/12
Peer Reviews, 4/20/12, 4/06/12
Summary of disputes, various, 2/10/12 - 12/21/07
Clinical Notes, 3/22/12, 1/12/12; 1/21/10; 5/06/08-1/14/08/ 12/13/07
Clinical Notes, Lumbar MRI, 01/13/01
Diagnostic/Radiology Rpts, Various, 3/14/12; 4/10/08; 12/28/07; 3/04/03
Operative Rpts, 3/02/10, 3/07/08
ODG Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

This case involves a male who, in xx/xxxx, was leaning over a hole and developed low back pain. This led to lumbar spine surgery with an apparent fusion in 2000, but his back pain remained. A lumbar MRI report on 1/3/01 does not indicate fusion and indicates that this patient's spine was unchanged from an 8/11/99 examination. Records of apparently multiple evaluations with heat, physical therapy, medications, and rest were not available between 2001 and 2007. Continued back pain and buttock discomfort led to studies indicating L4-5 and L5-S1 pseudoarthrosis and corrections of this, including anterior L5-S1 fusion and arthroscopically controlled instrumentation was carried out on 03/07/08

and 03/19/08. Continuation of symptoms led to a 3/14/12 lumbar CT myelogram which showed solid fusion without significant stenosis at the L4-5 and L5-S1 levels, but there were changes of stenosis at the L2-3 and L3-4 levels compatible with nerve root compression accounting for his symptoms. Flexion and extension views were not obtained at that time. indicates that flexion and extension views were obtained on 1/12/12, but reports and results otherwise recorded are not present in the material reviewed.

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

I agree with the denial for the operative procedure for decompression and fusion at the L2-3 and L3-4 levels. In regard to physical disability guideline recommendations there has been no psychological evaluation of the patient. Additionally, spinal pathology is not limited to two levels, and there is no definite documentation of instability. Radiculopathy is not documented on EMG, or examination at the levels of the proposed surgery.

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)