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IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW:** October 24, 2012

**IRO CASE NO.**

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

Cervical and lumbar myelogram w/CT Scan, CPT: 62284, 72132, 72126

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

Physician Board Certified: **Neurosurgery.**

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

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree)</b>	<b><u>X</u></b>
Overturned	(Disagree)	
Partially Overturned	(Agree in part/Disagree in part)	

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Peer Reviews (2) 8/22/12, 8/10/12  
Independent Medical Examination Report, Designated Doctor, 4/24/12  
Peer Reviews (2) 8/22/12, 8/10/12  
Appeal Letter, 8/10/12  
Clinical/Office Notes, 7/19/12-1/03/11  
CT Eval: Cervical Spine/Cervical Myelogram, 1/21/11  
History & Physical Admit Rpt. 5/04/11  
Operative Rpts, 1/21/11  
Operative/Monitoring Rpt. 5/04/11  
Discharge Summary, 5/05/11  
ODG

**PATIENT CLINICAL HISTORY SUMMARY**

This case involves a male who was injured in xx/xxxx at work. He has had severe neck pain with bilateral radiating shoulder and arm pain. That was treated by anterior cervical discectomy and fusion at C5-6 and C6-7 in January, 2009. There was a history of a C3-4 and C4-5 cervical discectomy and fusion 11 years before his injury. The patient also had a C4-5 laminectomy with bilateral foraminotomies on

5/04/11 after a 1/21/11 showed canal narrowing at C4-5 with probable bilateral foraminal compression. The patient now has increasing neck pain and upper extremity pain, and “severe” low back pain with bilateral hip and leg pain. There is nothing in the records showing an examination or an EMG finding compatible with lumbar radiculopathy. **“Increasing pain and neurological deficit”** is stated in the 7/19/12 report but there are no diagnostic testing examination reports recorded.

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

I agree with the denial for the cervical and lumbar CT myelograms. The patient has nothing in the way of new findings to suggest that correctable pathology would be found on examination. This is true in both the cervical and lumbar regions. Increasing neurological deficit is described but the nature of that increase is not recorded. There is no fresh evidence of radiculopathy on EMG. If flexion and extension views of the cervical spine suggested instability that could be compatible with cervical spinal cord compression, then a CT myelogram may be of benefit, especially if flexion and extension views demonstrated a change which could be corrected surgically.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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  
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)