

Envoy Medical Systems, LP  
4500 Cumbria Lane  
Austin, TX 78727

PH: (512) 836-9040  
FAX: (512) 491-5145  
IRO Certificate #4599

**Notice of Independent Review Decision**

**DATE OF REVIEW: 9/28/12**

**IRO CASE NO.**

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

L4-5 ALIF (Anterior Lumbar Interbody Fusion), LOS: 2 days; CPT: 22558, 63090, 22851, 20931, 95920

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

Physician Board Certified in **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:

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who, in xx/xx, injured his lower back while working. He suffered another injury in xx/xx from a motor vehicle accident increasing the initial lower back pain and causing additional extremity pain which was worse on the left side. There is a history of previous injuries with back pain in 1999 and 2003. His examination reveals diminished sensation and left lower extremity distillate along with a slightly diminished left Achilles reflex and positive straight leg raising on the left side only. Strength is normal except for very slight weakness of dorsiflexion on the left side. On 2/17/12 a lumbar MRI showed mild chronic changes at L4-5 with disk bulging and minimal left facet hypertrophy. A 2/01/12 EMG showed left L5 radiculopathy. Lumbar discography with CT scanning on 7/26/12 showed L4-5 chronic changes on CT, but there is no pain response report found in the records.

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

I agree with the denial for the proposed inter-lumbar interbody fusion at L4-5. There is no instability demonstrated on flexion and extension views. Those x-rays were recommended on 8/02/12 by Dr. but there is nothing in the records indicating if they were done. The examination, EMG, and imaging studies  
LHL602 REV 05/12

suggest the possibility of symptom producing pathology at L4-5 on the left that could be helped by decompression only. The decreased Achilles reflex suggest the possibility of S-1 nerve root involvement, and that possibility should be examined along with a possible re-evaluation of L4-5. A CT myelogram with flexion and extension views might be very helpful, especially if it shows instability at L4-5.

**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)