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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: February 08, 2013

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal Lumbar Interbody Fusion at L3-L4: Between 12/26/11 and 2/24/13; LOS: 3 days, Inpatient. CPT: 22633 22840 22857 20937 63047 63048

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

Physician Board Certified: **Neurosurgery**

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter, 12/31/12
Appeal Review Decision, 1/16/13
Peer Review Letters (2), 8/07/11, 7/19/11
Requests/Pre-Certifications/2012 (7), 10/24/12 - 1/26/12
Requests/Pre-Certifications/2011 (7), 9/07/11 - 5/25/11
Clinical Notes (16), 1/04/13; 11/30/12-1/09/12
Clinical Notes (10), 10/21/11-7/05/11
Clinical Notes (7), 7/26/11-5/12/11
Diagnostic/Physical Therapy Notes:: 5/18/12- 5/23/11
Operative Reports: Study/History/Discharge: 11/26/12-3/07/12; 12/11
ODG

PATIENT CLINICAL HISTORY SUMMARY

This case is that of a female who, in xx/xxxx, was lifting boxes and developed pain in her lower back and right lower extremity. The pain continued despite physical therapy, rest and epidural steroid injections. On 3/06/11 she had a lumbar discectomy, laterally, at the L3-4 level. Pain continued despite postoperative physical therapy and a second epidural steroid injection on 11/26/12. A post-op lumbar MRI on 5/18/12 showed scar formation at the operative site along with marked narrowing of the L3-4 inner space. indicated instability with a 4.5 mm forward subluxation on flexion at the L3-4 level.

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

Opinion/Rationale: I disagree with the denial for the proposed fusion of the L3-4 level.

The patient has continued pain with findings on MRI compatible with nerve root entrapment at the level of her previous surgery. In addition, there is instability at the level of the previous surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

There are degenerative changes with progressive disc space narrowing that has occurred at the proposed operative level.

A 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)