

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: February 15, 2013

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Medial Branch Blocks @ Left L4 and Left L5, CPT's listed: 62311 62264 72275 77003

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

Physician Board Certified in Pain Management & Anesthesiology

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG - Official Disability Guidelines & Treatment Guidelines, updated 11/28/12
Utilization Review Decisions dated 1/1/13, 12/12/12, 12/08/11;
Independent Review Decision dated 11/07/12;
Review Decision dated 10/10/11, *Consultants*
Clinical Notes, dated 1/24/13-1/3/12, *M.D., Orthopedics*
Clinical Notes, dated 11/29/11-10/6/11, *M.D., Orthopedics*
Report/History dated 2/8/12, *Assoc.*
Physical Therapy/Progress Notes dated 1/27/12-11/9/11
DDE dated 5/31/12, *M.D.*
MRI Results, Left Shoulder dated 8/12/11, *X-Ray & Imaging*
MRI Results, Lumbar Spine w/o contrast dated 8/12/11, *X-Ray & Imaging*
CT Pelvis Comparison dated 4/8/11
Operative Procedure dated 5/03/12, *Hospital*
Operative Procedure dated 10/19/11, *Hospital*

PATIENT CLINICAL HISTORY SUMMARY

This male was injured in xx/xx when he fell from a dump truck sustaining shoulder and low back pain. After failure of conservative treatment, he underwent surgery for a massive rotator cuff tear. MRI was reported to show degenerative disc changes, but no impingement. Electrodiagnostic studies were unremarkable. There is a noted weakness of knee flexors and extensors on physical exam.

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

ODG/Rationale: My recommendation is to uphold the denial.

ODG require evidence of radiculopathy that corroborate MRI findings. There is weakness of knee flexors, but the MRI does not show nerve impingement. EMG's are unremarkable. ODG are not met for establishing the diagnosis of radiculopathy; therefore, an epidural steroid injection is not indicated.

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)