

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

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IRO Certificate #4599

DATE OF REVIEW: 2/21/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection w/percutaneous lysis of epidural adhesions. CPT: 62311 62264 72275 77003

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

Physician Board Certified Pain Management & Anesthesiology

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Utilization Review Denial, 2/04/13  
Utilization Review Denial, 1/15/13  
Clinical Notes, M.D., *Orthopedics*, 1/17/13 & 12/21/12  
Procedure Order, M.D., *Orthopedics*, 1/10/13  
Manual Muscle Strength Exam, Cervical & Lumbar, *Orthopedics*, 12/21/12  
Non-Contrast Cervical Spine MRI for neck pain, *MRI & Diagnostic*, 10/08/12  
Non-Contrast Lumbar Spine MRI for sagittal/axial T1/T2; *MRI & Diagnostic*, 10/08/12  
Additional medical information for review:  
*NCBI – PUBMED.GOV; Sept/Oct. 4, 2004*  
*NCBI-PUBMED.GOV; January, 2004*  
*JBJS (Journal of Bone & Joint Surgery), 2006*  
ODG

PATIENT CLINICAL HISTORY SUMMARY

This now worker was involved in a motor vehicle accident in xx/xx. He has persistent back and leg pain. Physical therapy and examination indicate there is decreased motor strength in both legs. In a report by Dr.: canal stenosis at L3 and L4-5, encroachment of the foramina without nerve root compression. There is no foraminal stenosis at L5-S1.

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

***Opinion: I agree with the company to deny the request.***

**Rationale:** ODG require correlation of radicular findings on physical exam or EMG with imaging findings. There are disc bulges and mild stenosis at L4 and L3-4, 4-5 and 5-1, but there is no foraminal stenosis demonstrated. ODG are not met for the requested procedures.

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**

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 DESCRIPTION)

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

NCBI – PUBMED.GOV; Sept/Oct. 4, 2004: 4 (5): 495-505; “The effect of spinal steroid injections for degenerative disc disease. Midwest Spine Institute, Stillwater, MN

NCBI – PUBMED.GOV; January, 2004: 39 (1): 7-23; “Epidural Steroid Injections”  
University of Wisconsin Medical School, Madison, WI

JBJS (Journal of Bone & Surgery), Inc. 2006; 88: 1722-1725