

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: 7/24/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L Spine MRI w & w/o contrast, Outpatient, CPT: 72133

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

Physician Board Certified: Neurological Surgery

REVIEW OUTCOME

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

Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Utilization Review Findings

7/08/13, 7/01/13

Clinic Notes: includes: office visits & evaluations (3), 6/24/13, 5/13/13, 1/28/13; Scripts for meds

Clinic Notes: includes office visits & evaluations (3), 7/09/12, 4/09/12, 1/06/12; Clinic Notes, various, from 2011, 2010, 2009, 2008, 2007

Operative Notes: include: notes/procedures 2013, 2012, 2011, 2009

Radiology Notes: 2011, 2008, 2007, 2005

Scripts for Orders: MRI, Spine: Lumbar, 6/19/13

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male who, in xx/xx, tripped and fell on a curb and developed low back pain with left, lower extremity pain. The left, lower extremity pain was contributed to significantly by ankle trouble which required surgery which was complicated by an infection. The patient now has low back pain into the left buttock, posterior thigh and calf, compatible with radiculopathy. The back pain was helped by a sacroiliac injection (2/15/12), but the lower extremity pain was not helped. The present pain pattern and gait abnormality are indicative of radiculopathy despite there being no reflex, sensory or motor deficit, and straight leg raising being probably negative bilaterally. A lumbar MRI request to rule out L4-5 and L5/S1 radiculopathy on the left has been requested. There was history of an MRI on 8/30/05, but none since. The MRI evaluation was probably interfered with by the spinal cord stimulator which was placed in 8/08 and removed in 9/09.

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 lumbar MRI.

The pain pattern and gait abnormality strongly suggests potentially surgically correctable radiculopathy enough to justify a follow-up lumbar MRI despite the lack of a specific reflex sensory or motor deficit. A follow-up electromyography may also be helpful in coming to conclusions, but is not thought distinctly necessary in regard to the indication for the MRI.

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)