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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 6/05/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Injection Procedure Myelography/CT Spinal; CPT: 62284

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter, 5/06/13

Reconsider/Appeal Letter, 5/10/13

Clinical Notes, 3/14/13 - 1/05/12

Radiology:

CT Lumbar Spine & Lumbar Myelogram, 10/19/11

Operative Notes:

Operative Rpts/Discharge Summaries/History/Physical: (various dates: 1/10/12, 1/10/11, 4/06/11, 10/19/11);

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male who was injured in xx/xx/xx. There are no details of the accident in the available reports. He has had a T9-10 laminectomy and an L4 through S1 posterior lumbar anteriorbody fusion with instrumentation since that injury. Spinal cord simulation was placed in April, 2011 and again in January, 2012. It was last recorded as working and being helpful to the patient in October, 2012. A clinical note dated March14, 2013 stated that the patient had not been seen since October, 2012. There was no indication of any change in the pain pattern or in the neurological status of the patient. CT Lumbar myelogram on October 19, 2011 showed no acute hardware complications and no thecal distortion or neural foraminal encroachment.

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

Decision: I agree with the denial for the repeat lumbar CT myelogram.

Rationale:

There is nothing in the report(s) to indicate a possible change in the fusion or hardware status that a CT myelogram would show or be surgically correctable. On a Genex report (May 13, 2013), the patient apparently feels that the hardware is loose. Plain X-rays of the lumbar spine with flexion and extension views would be helpful in making this determination, however, CT myelography would not be useful.

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)