

Envoy Medical Systems, LP
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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 5/10/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Translateral interbody fusion L3/L4, L4/L5: Post Spinal Fusion L3 to L5 and spinal monitoring; CPT: 22630, 22632, 22851, 22842, 22612, 95938, 95941, 20937, 20930, 22614, 22682

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) | X |
| Overtured | (Disagree) | |
| Partially Overtured | (Agree in part/Disagree in part) | |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Appeal Preauth Request, 3/22/13
Initial and Appeal Preauth Letters/Criteria, 4/12/13
Preauth Decision Letter, 4/19/13
Presurgical Behavioral Health Evaluation, 4/10/13
Daily 'SOAP' (Subjective, Objective, Assessment & Plan) Notes; 10/03/12-3/30/12; 3/20/13
Diagnostics: 9/17/12-3/24/12
Diagnostics: Physical Medicine/Electromyography
ODG

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male who was injured in xx/xxxx while pushing pieces into a flatbed cart and developed low back spasms with pain. The pain extended to both lower extremities with pain that was worse on the right side. The examination was normal except for a questionable deficit to sensation in the L5 distribution on the right. Straight leg raising was positive on the right, but less so on the left. There were no bowel or bladder symptoms. An MRI on 3/24/12 showed an L4-5 seven millimeter central disc herniation and an L3-4 five millimeter central disc herniation with lateral recessed stenosis, especially at the L4-5 level. Epidural steroid injections on two occasions were helpful for only 3 weeks, these being done in June and July of 2012.

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

I agree with the denial for the proposed operative procedure at the L3-4 and L4-5 levels consisting of fusion both anteriorly and posteriorly.

Rationale:

The patient has had no prior surgical procedures. Also, there is no objective evidence of instability on flexion and extension views of the lumbar spine. There is no clinical evidence of radiculopathy at two levels of the lumbar spine even on electro-diagnostic testing.

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)