

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: 9/18/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 Fusion L3-5 with bi-lateral laminectomy, Inpatient stay, 2-3 days. CPT: 22558, 22585, 22612, 22614, 22842, 22845, 22851, 63047, 63048

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

Physician Board Certified in 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, Initial Preauth, 8/13/13
Rationale for Fusion surgery, 9/05/13
Appeal Request, Reply, 8/27/13
Clinic Notes include: History & Physical (3), 7/13/13, 5/31/13, 4/26/13;
Pre-Surgical Behavioral Health Eval., 7/13/13; Status Report Follow-up Evaluation, 4/01/13; Physical Therapy Re-evaluation, 2/05/13
Diagnostics, include: CT Lumbar Myelogram & Office Consultation, Imaging, 6/26/13; MRI Lumbar Spine, Imaging, 2/09/13
Daily Physical Therapy/Progress Notes (back exercises incl): Physical Therapy, 2/18/13 -1/22/13
Operative Note, Procedure (Left L4-L5 & Left L3-L4, transforaminal ESI under flurosocopy), 3/08/13
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This case involves that of an individual injured in xx/xxxx. He developed low back pain which continued despite lumbar epidural steroid injections, physical therapy, rest and medications. His examination revealed diminished sensations in the L4 and L5 distributions, bi-laterally, and a slight weakness, bi-laterally, of dorsaflexion of the feet and great toes. Reflexes were normal. Straight leg raising was positive on the left side only. There is no history of lumbar spine surgery. A lumbar MRI on 2/09/13 showed only possibly surgically significant L3-4 changes. A lumber CT myelogram on 6/26/13 showed central L3-4 disc protrusions of 5 millimeters and left L4-5 changes and right L5,S1 changes possibly causing nerve root compression. "There is no subluxation seen on flexion or extension views". Bi-lateral decompressive laminectomy at L3-4 and L4-5 with fusion has been recommended.

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

Opinion: I agree with the denial for the proposed fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

Rationale: There has not been previous lumbar surgery. There are no bony changes frequently associated with instability, and flexion and extension views of the lumbar spine do not show instability. The patient has changes on his examination and on the CT myelogram which suggests the left sided L4-5 area may be the main area of concern and decompression there and elsewhere may not require bony changes which would lead to instability.

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)