

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

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #4599

DATE OF REVIEW: 1/12/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
L5-S1 Mod Microdiscectomy, CPT 63030

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

Physician Board Certified in Neurosurgery

REVIEW OUTCOME

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

Upheld (Agree)

Overtured (Disagree) X

Partially Overtured (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who had a work related injury while X as part of her job in XX/XXXX. She initially presented to XX and was diagnosed with a lumbar strain. She subsequently developed lower extremity numbness and pain radiating into the buttocks and down the left leg for which an MRI scan was ordered which showed a herniated disc at L5-S1 with some compression at the S1 nerve roots. She also had a disc herniation at S1-S2. It appeared per the note her anatomy is transitional as well. She was referred to XX who recommended XX and steroid injections and was ultimately referred to pain management but there was some delay in getting her epidural steroid injections. It appeared an EMG was also performed at some point which was normal. She continued to treat and ultimately tried a course of physical therapy which aggravated her symptoms. She also had an epidural steroid injection without relief. At that point the decision was made to proceed with an L5-S1 discectomy which was denied.

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

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: Ms. XX, in several of her notes early and later on, showed evidence of pain in her low back with radiation into the left buttock and posterior left leg which is clearly in the S1 distribution. She also had an MRI scan showing a disc herniation at the appropriate level. She has had the symptoms now for over a year and they have not improved with multiple conservative therapies including physical therapy and steroid injections. At this point it is unlikely that any other conservative therapy would improve her clinical condition. The ODG seem to support indications for surgery as evidenced in Section D, #3, unilateral buttock, posterior thigh and calf pain which she has, an MRI scan showing disc herniation at the appropriate level, and failure of conservative therapy, all of which she has.

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)