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IRO Certificate #XX**

DATE OF REVIEW: 2/05/18

IRO CASE NO. XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Amended Modification Decompression L3 to S1, TLIF at L4-L5 and L5-S1 with intraoperative monitoring and 3 day inpatient stay.

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

PATIENT CLINICAL HISTORY SUMMARY

XXXX, XXXX in XXXX. XX then underwent multiple conservative therapies over the next two years including physical therapy, epidural steroid injections, and radio frequency ablation. XX has had two MRI scans which both show a remote L4 compression fracture, multi-level degenerative changes with congenitally short pedicles, and some epidural lipomatosis causing varying degrees of stenosis from L2-3 through L4-5. At L5-S1 he has foraminal stenosis more so than lateral recess or central stenosis. XX has had an EMG of the lower extremities which shows a possible L5-S1 radiculopathy with acute and chronic components. It was ultimately recommended that he have an L3 through S1 laminectomy with an instrumented fusion and transforaminal interbody fusions at L4-5 and L5-S1 along with a bone growth stimulator, trigger point injections, and an LSO.

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

Opinion: I agree with the benefit company's decision to deny the requested service with an exception: Decompression of the left L5 nerve root seems reasonable as he does have some objective evidence of radiculopathy at L5-S1.

Rationale: Presumably, the L4 compression fracture was sustained in the patient's XXXX. The remainder of the findings on his MRI scan are degenerative in nature. XX has relatively similar amounts of stenosis at L2-3, L3-4, and L4-5 in addition to multi-level degenerative changes and even a mild scoliosis, so there does not seem to be any focal pain generator based on the MRI

scan.

XX has normal strength on examination, and I didn't find anything in the clinical notes that would narrow XX pain generator down to the proposed levels as well.

Finally, XXXX does not appear to be at risk of a nonunion. XX is not a smoker and the evidence is somewhat circumspect regarding both bone growth stimulated devices and trigger point injections, as well.

However, XX does have some objective evidence of a radiculopathy at L5-S1 so a decompression of the left L5 nerve root seems reasonable, but other than that, the addition of L3-4 and L4-5 seem somewhat arbitrary, as one may as well add L2-3 to it since it has the same amount of stenosis and degenerative findings.

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)