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NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-02-2183-01 _____

Texas Worker's Compensation Commission:

Envoy Medical Systems, LLC (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on 11/22/95 when he fell backwards while loading a freezer into a truck. He was treated with chiropractic care, physical therapy, medication and trigger point injections.

Requested Service(s)

9/27/01 Somatosensory testing, nerve conduction testing and reflex study

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient received extensive treatment and testing for his 1995 injury. He had NCV/EMG studies in 1996 and 1997 showing C7 radiculopathy. His complaints have remained unchanged over the years, no better or worse. His MRIs show extensive DJD of the cervical spine. The electrodiagnostic studies in 1996 and 1997 established C7 radiculopathy. There was no need to do any further testing to establish what already had been diagnosed years earlier. The documentation presented for this review fails to support the necessity of further testing. Years of conservative treatment had failed to be effective. Further electrodiagnostic testing would not give any further helpful information to help in the conservative treatment of this patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

Daniel Y. Chin
President

6/25/08: NOTE: The Findings and Decision is not attached due to error internal.
Submission of the IRO Decision to complete process.