Envoy Medical Systems, LLC

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 7, 2002

Re: IRO Case # M5-03-0515 _____

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, Rule133.308 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, and who also is a Certified Strength and Conditioning Specialist. 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 in when he was helping lift a 280 pound object and felt a sharp pain in his lower back. He was treated and released to full work duty. Several months after being released he began treatment with a new chiropractor.

Requested Service

Chiropractic treatment 12/17/01 through 9/5/02

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

Rationale
The documentation does not substantiate the medical necessity for a sudden return to care after several months of full duty work and no treatment. Assuming there is a relationship between the patient's current complaints, and his injury in , the patient received extensive treatment in the form of physical therapy, rehabilitative exercises, medication and chiropractic manipulations with little, if any, positive clinical change in his original complaints. Many of the exercises and resistive training the patient received during his treatment were questionable. Documentation on 1/21/02 states that the patient presented with low back pain and a positive Milgram's orthopedic test, yet his treatment included five sets of thirty sit-ups, three sets of twenty flat bench presses, and three sets of ten incline bench presses. Then on his next visit on 1/23/02 it is noted that low back pain persists and Yoeman's and Milgram's orthopedic tests were positive and there were increased muscle spasms indicating that the last treatment exacerbated his symptoms, yet more resistive treatment was given that day. This is just one example of several dates of treatment when the same thing happened, causing an iatrogenic nocebo effect.
The patient initially had a lumbar strain/sprain in . The patient was treated by two doctors, and the injury resolved and he returned to work. The documentation fails to support the need for the later return to treatment under a new chiropractor.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

_____
Daniel Y. Chin
President