

Envoy Medical Systems, LP
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Austin, Texas 78758

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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2003

Re: IRO Case # M2-04-0271 _____

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (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 physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 is a 37-year-old female who on 5/9/03 slipped and fell, injuring her right shoulder and low back. Pain developed in those areas, as it had previously after injury. Chiropractic treatment was of no significant help, and the patient was referred to a physician

who suggested, because of the persistence of her complaints some two months after injury, the need for MRI evaluation of the right shoulder and lumbar spine. There was a history of previous difficulties in those areas. An examination indicated possible right shoulder and lumbar spine pathology. There was also dysesthesia into the right upper and lower extremities.

Requested Service(s)

WP, 22 MRI spinal canal and contents, WP 22 MRI upper extremity

Decision

I disagree with the carrier's decision to deny the requested test.

Rationale

The patient has had previous injuries in the injured areas, and she re-developed discomfort after a subsequent injury. Under these circumstances the potential of pathology in those areas that needed to be better evaluated was certainly possible. On examination there was evidence of possible right shoulder and lumbar spine pathology in addition to pathology in the neck.

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 medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk

P.O. Box 17787

Austin, Texas 78744

Fax: 512-804-4011

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

Daniel Y. Chin, for GP

NOTE: Parties settled on or about 2/5/04. Dismissed from ALJ.