# Envoy Medical Systems, LLC
**15808 FM 620 North, Suite 220**
**Austin, TX 78717**

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**IRO Certificate #4599**


**NOTICE OF INDEPENDENT REVIEW DECISION**

June 8, 2002

**Re: IRO Case # M2-02-0577-01**

Texas Workers' 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 IRO's, 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. 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 Envoy reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, Envoy agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

> This case involves a now 35-year-old male injured on ___/93 when he fell about ten feet after a platform collapsed and some scaffolding fell on him. He primarily had back and knee discomfort after the injury. There also was some loss of consciousness, suggesting a concussion. Surgeries have included lumbar diskectomy and fusion on 8/9/94 and knee surgery on 2/20/95. Also noted in the records as related to the injury are kidney stones,

urinary tract dysfunction, abdominal pain, visual disturbances, gamma headache and seizures. RSD has been diagnosed in multiple areas, but primarily the right upper extremity. It has also been noted that the patient is possibly suicidal. Sympathetic blocks on several occasions, along with epidural steroid injections in the lumbar spine have also been used to treat the patient.

I agree with the carrier's decision to deny attendant care, as requested by the patient. Several neurologic evaluations indicate that the patient is essentially intact neurologically, with a probably adequate mental status. He ambulates with the help of a cane.

Even with his difficulties, the patient should have the potential to pursue the activities of daily living, and even possible, limited, sedentary employment. An examination by a physical medicine and rehabilitation specialist is indicated before the requested attendant care is considered. A physical medicine and rehabilitation specialist could come to conclusions about the patient's potential for rehabilitative care, and whether a psychiatric evaluation should be pursued. It is noted that the patient's suicidal tendencies could be related to his lack of work.

This medical necessity decision by an Independent Review Organization regarding attendant care 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.

**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) 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) 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 (Commission Rule 133.308 (t)(2))..

Sincerely,

_____

Daniel Y. Chin
President

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this _____6th _____ day of _____August_____2002.

Signature of IRO Representative:

Printed name of IRO Representative: Kathryn Block