

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

October 17, 2003

Re: IRO Case # M2-04-0003 _____

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 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 35-year-old male who in _____ fell from the top of a rail car about 20 feet, and landed on concrete. He was rendered unconscious. The patient developed neck and low back pain afterwards, but initially his right shoulder was the main source of trouble, and this required surgery in July 2002, and January 2003. He had physical therapy for his

low back problems, but it was of little benefit. Some left lower extremity pain developed in association with low back pain and this apparently persists. An MRI of the lumbar spine showed changes primarily at the L4-5 and L5-S1 level, but these were of moderate spinal stenosis and foraminal stenosis, without anything distinctly significant to suggest a reason for nerve root compression. An EMG suggested left S1 nerve root difficulties. It is also noted that the MRI suggests a question of difficulty at the L1-2 disk.

Requested Service(s)

Lumbar discogram with CT scan, Lumbosacral myelogram

Decision

I agree with the carrier's decision to deny the requested discogram. I disagree with the denial of CT myelography.

Rationale

More work up is indicated before any major surgical procedure is pursued on this patient's spine. That work up would not be significantly enhanced by lumbar discography. However, CT myelography with flexion and extension views when combined with the MRI and EMG findings would lead to the proper surgical approach to the problem, or bring any contemplated surgical procedure into question.

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.

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 and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 17th day of October 2003.

Signature of IRO Representative:

Printed Name of IRO Representative: Kathryn Block

Requestor: Accident & Injury Center, Attn Annette or Gry, Fx 409-842-9190

Respondent: Pacific Employers Ins/ESIS, Attn Isabel Gonzalez, Fx 281-575-3503

Texas Workers Compensation Commission Fx 804-4871