

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

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**NOTICE OF INDEPENDENT REVIEW DECISION**

February 12, 2004

**Re: IRO Case # M2-04-0665 \_\_\_\_\_**

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 Physical medicine and Rehabilitation, 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 61-year-old female who on \_\_\_\_\_ in her duties as a cook attempted to lift a 50-pound bag of beans into a pot when she felt a pop in her back. She developed pain in her back that radiated into both legs. She was taken to the emergency room, and was discharged with pain medications. A physician ordered MRIs of the cervical and lumbar

spine, and referred the patient to a chiropractor for physical therapy. The patient was treated with physical therapy from 3/10/03 – 6/13/03 for a total of 25 sessions. The patient was reevaluated on 7/15/03 and subsequently participated in a multidisciplinary pain management program. A Functional Capacity Evaluation was performed on 9/30/03 and a work hardening program was recommended.

Requested Service(s)

Work hardening program X 30 sessions

Decision

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

Rationale

The patient was treated extensively with 25 sessions of active and passive physical therapy. She then entered a multidisciplinary pain management program. The FCE states that the patient had been working part time, restricted duty beginning in June 2003. But a July note states that the patient was not working because no work was available for her. The FCE rated the patient's abilities at a light to medium physical demand level. She was showing improvement with the physical therapy. A gradual return to normal work duties would be better than simulated work conditioning. The psychological treatment component has already been addressed with the pain management program. The FCE also described the patient as 5' 1" tall and weighing 270 pounds. Her blood pressure measures 160/109 and her heart rate is 75 beats per minute. She is documented as having a resting heart rate during the strength and endurance assessments at 105 beats per minute. Lab work in March 2003 also showed some liver abnormalities. Therefore, it would not be advisable for the patient to participate in any aggressive physical conditioning program unless thoroughly evaluated and cleared by an internist.

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.

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Daniel Y. Chin, for GP

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 13<sup>th</sup> day of February 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: SCD Back & joint Clinic Attn Carissa Chandler, Fx 979-822-8445

Respondent: Bankers Standard Attn Lyn Williamson Fx 210-732-2684

Texas Workers Compensation Commission, Fx 804-4868