

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 15, 2004

Re: IRO Case # M2-05-0284

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 Psychiatry, 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Carrier case summary
4. Evaluation 7/21/04
5. Doctor notes 7/1/04, 8/26/04
6. Doctor exam report 5/26/04, report 7/13/04, letter 11/5/04
7. Psychologist preauthorization request 9/27/04
8. Psychologist assessment 9/10/04, letter 11/8/04

History

The patient is a 41-year-old male who was injured in ___ while sitting in a stalled vehicle when another vehicle struck from behind. There were injuries to the patient's right hip, back and left shoulder. He had a past history of nine surgeries on his left shoulder. He was treated in the ER, during which time he felt his shoulder pop back into place. On 5/26/04, the patient was diagnosed with lumbar disk disorder, left shoulder sprain, left knee contusion and myofascitis. He was treated with physical therapy, TENS unit, massage, ultrasound and medications. His medications were Vicodin, Flexeril, Celebrex and Ambien. A 7/1/04 MRI of the lumbar spine was abnormal, suggesting possible annular tears and disk protrusions at L4-5. An MRI of the left shoulder showed no change from previous surgeries. An EMG/NCV study was negative. On 7/21/04 he continued to complain of low back and left shoulder pain. A 7/21/04 evaluation recommended epidural steroid injections and projected that the patient would reach maximal medical improvement by 9/21/04. A psychological evaluation on 9/10/04 recognized depressive symptoms, but the psychologist was unable to formulate a diagnosis or treatment plan.

Requested Service(s)

Psychological testing x 4 hours and psychophysiological profile assessment x 1 hour

Decision

I agree with the carrier's decision to deny the requested testing and assessment.

Rationale

The requested testing and assessment would not be medically necessary to diagnose and formulate a treatment plan for this patient's depressive symptoms. The psychologist should be able to formulate a diagnosis and treatment plan based on clinical interviews. Although the requested tests might add some insight into the patient's psychological status, they are not medically necessary.

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,

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 16th day of November 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: