

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 21, 2004

Re: IRO Case # M2-05-0301 ____

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. Summary to IRO 12/7/04
4. Evaluation 5/19/03
5. Exam report 3/20/03
6. Report 10/17/02
7. Review 8/29/02
8. Four letters from requestor

9. Requestor's evaluation
10. Evaluation 5/20/04 and progress notes
11. Consult report 3/2/04
12. Note 5/20/04
13. Hospital records
14. MRI reports 9/4/02, 10/17/02
15. Report 12/11/02
16. Functional abilities evaluation 10/17/02
17. Report 1/14/04 and progress notes
18. Evaluation 9/3/03

History

The patient is a 49-year-old male who was injured in ___ when a bicycle fell on him causing a scalp/forehead laceration. He complained of subsequent neck, thoracic and upper extremity pain. Conservative chiropractic care has brought minimal relief. MRI scans in 10/02 were abnormal, showing disk protrusion at C5-6-7 and T7-8, lumbar spondylosis and stenosis at L3-4. separate orthopedic and neurosurgical evaluations recommended steroid injections, but they have not been authorized by the carrier. Several physicians stated that the patient might ultimately need surgery for relief. The patient continues with chronic pain and limitations of movement. He is using Ultracet and a cervical traction unit. He developed significant depressive and anxiety symptoms. A psychological evaluation on 10/23/03 diagnosed major depression. Individual psychotherapy and a physician consult for antidepressant medication were recommended. The patient received 12 sessions of individual psychotherapy every other week. Eight more sessions were requested to help maintain the patient's psychological progress and prevent relapse of depression due to continuing physical pain.

Requested Service(s)

Eight one hour sessions of health and behavioral intervention

Decision

I disagree with the carrier's decision to deny the requested eight one hour sessions of health and behavioral intervention.

Rationale

The medical records provided for this review support the medical necessity of the requested eight sessions. The medical documentation supports a significant cervical injury with ongoing chronic pain due to the injury. The patient remains at high risk for relapse of depression due to chronic pain. The medical records indicate that the individual psychological sessions were helpful and had reduced the patient's depressive symptom. The request for eight additional sessions is reasonable and appropriate to address psychological, emotional, cognitive and physical aspects of the patient's treatment.

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, 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 _____ day of December 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Gary S. Whiting, Attn Amanda Fx 210-424-0106

Respondent: Amer Home Assurance, ARCFI, Attn Raina Sims, Fx 479-273-8792

Texas Workers Compensation Commission Fx 804-4871