

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 10, 2004

Re: IRO Case # M2-05-0354

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 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. DDE report 2/19/03
4. Orthopedic Surgeon notes 2003-2004
5. Discographic report
6. Lumbar laminectomy and disk removal report 9/30/02

History

The patient is a 50-year-old male in ____ was lifting a tire that slipped, and developed discomfort in his back as he tried to catch the tire. This back pain was soon joined by right lower extremity pain. Physical therapy and medication were not successful, and an MRI showed a right-sided L4-5 disk rupture with L5 nerve root compression that corresponded to the weakness he had of dorsiflexion, and the positive straight leg raising he had on the right side. A right L4-5 laminectomy with disk removal was carried out on 9/30/02. The patient never improved significantly following this, and repeat MRIs have shown multiple levels of degenerative disk disease change, with scarring present at the L4-5 level on the right side, but without mass effect or anything suggesting recurrent or residual disk herniation. Discography on 8/11/04 showed three levels of abnormality with concordant pain produced at each level. Those levels were L3-4, L4-5, and L5-S1.

Requested Service(s)

Anterior/posterior fusion surgery L3-S1

Decision

I agree with the carrier's decision to deny the requested multilevel fusion with decompressive laminectomy.

Rationale

Decompression of scar is rarely of long term benefit. A three-level lumbar fusion based on physical examination and discography without definite evidence of instability is also thought not indicated. The potential of serious complications is far greater than the potential of this procedure being helpful

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 13th day of December 2004.

Signature of IRO Representative:

Printed Name of IRO Representative