

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 # M2-05-0386

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. M.D. report 10/13/03
4. Electrodiagnostic testing reports 7/23/03, 8/7/03
5. Orthopedic surgeon notes 4/04 – 10/04
6. CT discographic report 8/5/04
7. Lumbar MRI report 6/12/03
8. Facet block operative report 12/19/03

History

The patient is a 27-year-old female who in ____ was lifting heavy boxes when she developed pain in her back. This was soon joined by left lower extremity pain. The patient was treated with physical therapy, epidural steroid injections, facet blocks, chiropractic treatments and medications, but she continues to have pain. The pain in the back and in the lower extremity are equal in their severity. MRI evaluation shows potential disk pathology that is correctable at the L4-5 and L5-S1 levels, but there is nothing to suggest nerve root compression on MRI or electrodiagnostic testing. CT discographic evaluation revealed concordant pain at the L4-5 and L5-S1 levels, which are the levels most involved on the MRI. No instability or spondylolisthesis has been demonstrated.

Requested Service(s)

Posterior lumbar decompression & fusion L4-S1

Decision

I agree with the carrier's decision to deny the requested rather extensive decompressive laminectomy and fusion.

Rationale

There is no evidence of instability on MRI, EMG or on other tests. There is nothing to suggest nerve root compression. Before subjecting this young woman to a major operative procedure on her spine, there needs to be more evidence of correctable pathology. Additional testing, such as CT myelographic evaluation with flexion and extension views might be helpful in reaching conclusions regarding surgery. Without evidence of nerve root compression and instability on that particular examination, the proposed surgery would not be indicated. If that examination showed distinct evidence of probable nerve root compression compatible with the patient's symptoms, then a simple discectomy for decompression of the nerve root would be indicated.

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: