

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

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 4, 2005

**Re: IRO Case # M2-05-0429** \_\_\_\_

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 9/11/04 Dr. Page
4. Report 5/17/04 Dr. Van Hal
5. Cervical CT myelogram report 8/2/04
6. Report 6/13/04
7. Letter 10/7/04 Dr. Myles
8. Reports Dr. Myles

9. Electrodiagnostic test report 7/15/04
10. Report 6/10/04 Dr. McCasail
11. MRI shoulder report 3/19/04

#### History

The patient is a 38-year-old male who in \_\_\_ was trying to prevent a switchboard from falling when he developed cervical, thoracic and bilateral shoulder pain. The patient was treated with physical therapy, work hardening and epidural steroid injections, but the pain continued. A 3/1/04 MRI showed a bulging disk at C5-6 but nothing more, except for minor chronic changes. AMG evaluation indicated a carpal tunnel syndrome only. On 8/2/04 a CT myelogram showed potentially surgically significant changes at C4-5 and C5-6, with C6-7 being normal. The changes at C4-5 and C5-6 were somewhat greater on the left than on the right, and this corresponded to some of the physical findings.

#### Requested Service(s)

Anterior cervical discectomy interbody fusion at the C4-5 and C5-6 levels with one day stay inpatient

#### Decision

I disagree with the carrier's decision to deny the requested ACDF at the C4-5 and C5-6 levels.

#### Rationale

With the patient's prolonged discomfort, and the findings on CT myelography and physical examination, a surgical approach consisting of anterior cervical discectomy and fusion at the C4-5 and C5-6 levels may be helpful in dealing with this patient's difficulty.

On 10/7/04, however, the surgeon indicated that an anterior cervical discectomy and fusion at C5-6 and C6-7 was recommended. One of the areas that was thought to be essentially normal on the CT myelogram was the C6-7 level. Also, no physical findings suggested C7 nerve root difficulties. Therefore, if a C7 procedure was proposed, I would agree with its denial. If this discrepancy is a typing error, the C4-5 and C5-6 anterior cervical discectomy and fusion is 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,

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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 7th day of February 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Respondent: Ins. Co. State of PA, Attn Katie Foster, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871