

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-5821.M2

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 25, 2005

Re: IRO Case # M2-05-0513 –01

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. Lumbar spine X-ray reports 12/4/03
4. Lumbar and thoracic CT myelogram report 12/4/03
5. Electrodiagnostic testing report 8/19/03
6. Reports 11/03 – 10/04 Dr. Francis
7. Cervical and lumbar spine x-ray reports 8/6/03, 2/11/03
8. Pain management consult reports 1/4/05, 11/2/04, and early 2004

History

The patient is a 62-year-old male who was injured in ___ and developed back pain with extension into the lower extremities. He has had ten operations on various areas of the spine from the low thoracic region through the lower lumbar region. Despite this, the patient continues with pain in his back, with lower extremity pain, tingling and numbness. EMG evaluation shows multi-level radiculopathy, as does his examination. A 12/4/03 lumbar and thoracic CT myelogram showed multiple levels of trouble, with screws loose, cage migration, and probable instability.

Requested Service(s)

Thoracic and lumbar myelogram with post CT

Decision

I agree with the carrier's decision to deny the requested myelogram with post CT.

Rationale

There is nothing new on the patient's examination that I can find in the records provided for this review, and repeat myelography is unlikely to show anything more than would be shown on repeat x-rays of the lumbar and thoracic spine with flexion and extension views.

Failed back surgery on ten occasions is rarely corrected by an additional surgical procedure. Spinal cord stimulation was mentioned as a possibility in early 2004, but apparently, based on the records provided, was not pursued. Myelography would probably show multiple levels of potential difficulty, but this would not help determine whether there is anything surgically correctable that would be beneficial to this patient.

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 28th day of March 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. William R. Fancis, Attn Dolores, Fx 713-383-9376

Respondent: Facility Ins. Attn Katie Foster, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: