

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

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 12, 2005

**Re: IRO Case # M2-05-0578**

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. RME Dr O 6/11/04
4. DDE Dr. F 3/9/04
5. Reports Dr. N 2004
6. Reports Dr. B
7. MRI lumbar spine report 10/19/04

8. Operative report 3/19/04
9. Cervical CT scan report 3/23/04
10. Cervical MRI report 12/11/03
11. Lumbar spine x-ray report 12/11/03
12. Operative report 8/25/04
13. Statement from carrier
14. ER report 9/15/03

#### History

The patient is a 42-year-old female who in \_\_\_ fell and developed neck and back pain. When she was seen in the emergency room, her primary pain was in her low back. She hit her head in the fall, and landed on her buttock. Cervical work up eventually led to an 8/25/04 ACDF at the C6-7 level for a right-sided disk rupture. This was necessitated by continued neck and right arm pain despite physical therapy and nerve blocks. Since that operation, the patient's primary pain has become low back pain with extension into the right lower extremity. There is a history of lumbar surgeries, including fusion in 1994 and screw removal in 1995. The last lumbar MRI was on 10/19/04, and it showed foraminal narrowing bilaterally at L4-5 and L5-S1, and on the right side at L3-4.

#### Requested Service(s)

Selective nerve root block L4-5

#### Decision

I agree with the carrier's decision to deny the requested nerve root block.

#### Rationale

The patient has off and on severity in her discomfort. On 10/20/04 she was reducing the potency of her pain medications. With time, her discomfort may subside more or less spontaneously. Additionally, there are three levels of nerve block that would have to be pursued in an attempt to find the nerve that is causing the trouble. Doing multiple levels of blocks in hope of finding the right nerve root as the source of discomfort is frequently not successful. In addition, the patient has had considerable steroids, and adding to those is thought to be contra indicated for a procedure that has little chance of providing significant help.

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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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 13<sup>th</sup> day of January 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: