

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 16, 2005

Re: IRO Case # M2-05-0695-01

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, Rule133.308 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 Physical Medicine and Rehabilitation, 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. Medical records, Dr. Zuniga
4. RME 1/4/05, Dr. Nachimson
5. FCE 9/21/04
6. Mental Health Assessment 10/28/04

7. MRI lumbar spine 7/7/04
8. Handwritten and difficult to read medical notes, Dr. Cortez
9. Physical therapy notes

History

The patient is a 58-year-old male who in ___ was pulling a piece of metal when it suddenly slipped backwards, causing pain and a pop in his low back. The patient presented to his D.C. on 7/9/04, complaining of pain in his low back that radiated down his right leg. He rated his pain at that time as 10/10. The patient was treated with physical therapy. An MRI of the lumbar spine revealed disk space narrowing at L5-S1 with foraminal stenosis on the left. Moderate facet arthropathy was also noted. The patient saw a pain management specialist, but no records from that physician were provided for this review. The patient apparently underwent a number of facet injections and/or nerve blocks. Radio frequency ablation had been recommended, but was not carried out. A 9/21/04 FCE reported that the patient functioned at a sedentary physical demand level. His job currently requires a heavy physical demand level. The validity of the FCE is in question due to the lack of changes in heart rate during the test. The patient underwent a mental health assessment on 10/24/04. His Beck Anxiety Inventory and Beck Depression Inventory were scored as 0. This was explained by the therapist as a tendency by the patient to under report psychiatric symptoms.

Requested Service(s)

Work hardening program, four weeks, 20 sessions

Decision

I agree with the carrier's decision to deny the requested work hardening program.

Rationale

Based on the records that were provided for this review, the patient seemed to be getting good relief from injections. These were either facet injections or medial branch blocks. There are indications in the records that radio frequency ablation had been recommended, but had not been carried out. The patient had been determined not to be at MMI since the radio frequency had not yet been performed. Therefore, prior to consideration of additional physical therapy or work hardening or work conditioning, the patient should proceed with the radio frequency ablation. Based on the records provided, it would be better for the patient to return to work with restrictions and gradually ease back into regular duty than to undergo a work hardening or work conditioning program.

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 18th day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Zuniga, Fx 956-630-2894

Respondent: TML Intrgovernmental Risk Pool, Attn Kelly Pinson, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: