

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 21, 2005

Re: IRO Case # M2-05-0723

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. Carrier review summary 2/3/05
4. Notes 11/30/04, 11/8/02 Dr. Henderson
5. Report 12/23/04 Dr. Laning
6. Peer review 12/28/04 Dr. Bigos
7. Employers first report of injury ____

8. Lumbar MRI report 6/2/02
9. ESI operative reports 1/16/03, 12/12/02, 10/17/02
10. Evaluations 3/10/04, 4/7/04, 5/5/04, 6/2/04 Dr. Townsen
11. Psychological evaluation reports 2003
12. EMG report 12/3/02
13. Spine care report 12/29/04
14. TWCC 69 Medical Report Dr. Wright 8/28/03

History

The patient is a 42-year-old male who in ___ was lifting 100 pounds on a pallet when he developed back pain. The patient soon had pain in his right lower extremity, and chiropractic care was of no benefit. A 6/2/02 MRI indicated potential difficulties primarily at the L4-5 level without any surgically correctable pathology. Epidural steroid injections in 2002 and 2003, and facet blocks did not provide significant lasting benefit. The patient continues with pain, and according to his psychological evaluation has a major depressive disorder.

Requested Service(s)

L discogram/ CT at the lower 4 L levels

Decision

I agree with the carrier's decision to deny the requested discogram.

Rationale

Discographic evaluation could cause unnecessary confusion, especially if it led to a diagnosis of difficulty at a level other than the L4-5 level; this is the level most prominently abnormal on his MRI. In addition, major depression could alter the patient's concordant pain responses. Other diagnostic testing, such as CT myelographic evaluation with flexion and extension views might be especially helpful if instability plus nerve root compromise at the L4-5 level is shown.

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 21st day of February 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Henderson, Attn Amada S., Fx 214-688-0359

Respondent: American Home Assurance, Attn Annette Moffett, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: