

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 22, 2005

Re: IRO Case # M2-05-0931-01

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 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. IME 11/19/04 Dr. Nowlin
4. Notes Dr. Zuniga

5. Mental Health Assessment 11/1/04
6. Clinical Office notes Dr. Avila
7. Partial FCE report 11/12/04
8. FCE report 11/4/04
9. Operative reports, Dr. Avila 4/04 – 10/04
10. MRI report 3/3/04
11. Initial assessment 4/7/04 Dr. Shanti
12. Evaluation, 3/25/04 Dr. Aranga
13. Clinical notes (handwritten and difficult to read) Dr. Guel

History

The patient is a 52-year-old male who injured his back in ____ when he was lifting an assembly line machine. He developed pain in his back, extending into his lower extremities. He was evaluated and treated by multiple medical doctors and a chiropractor. The patient underwent extensive physical therapy. An MRI of the lumbar spine showed a centrally bulging disk at L4-5 and L5-S1, facet degeneration at those two levels bilaterally, and mild spondylosis at L2-3. The patient was referred to one, and then to another pain management specialist. He underwent two epidural steroid injections, trigger point injections, facet injections and radio-frequency lesioning of the L4-5 and L5-S1 joints bilaterally. Following this, he underwent more rehabilitation and was referred to a D.C. for a work hardening program.

Requested Service(s)

Work hardening four weeks-20 sessions

Decision

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

Rationale

The patient injured his back while attempting to lift a heavy object. He underwent epidural steroid injections, and as a result, his leg pain resolved. The patient then underwent facet injections and then radio-frequency thermal coagulation of his bilateral L4-5 and L5-S1 facet joints. In a post-operative follow-up note, his physician describes the patient as having "pretty good relief." The patient then underwent more physical therapy. An 11/12/04 FCE documents a medium/heavy physical demand level of functioning. The patient's required physical demand level for his job is described as medium. Therefore, it appears from the records provided for this review that the patient is capable of functioning within his job requirements. He has undergone extensive physical therapy. Continuation of a home exercise program and a return to work with restricts and a gradual return to full duty would be more appropriate in this situation.

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 23rd day of March 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

Respondent: ACE American USA, Attn J. Gonzalez, Fx 394-1412

Texas Workers Compensation Commission Fx 804-4871 Attn: