

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 4, 2005

Re: IRO Case # M2-05-1011 –01-SS

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. Employer's first report of injury 6/7/02
4. Lumbar discogram report 12/17/03

5. Lumbar MRI report 6/14/02
6. Lumbar CT myelogram report 9/8/03
7. Letter of medical necessity 6/17/04 Dr. Marks
8. IR report 21/20/04 Dr. Lane
9. ESI operative reports 9/02 and chart notes Dr. Drazner
10. Report 12/8/04 Dr. Chapman
11. Behavioral health consult K. Ruiz
12. FCE 8/31/04
13. Film of MRI, CT myelogram and discogram
14. Physical therapy records

History

The patient is a 39-year-old male who was injured in ___ when some sheet rock fell on him while he was on a ladder. The patient felt a pop in his back, and he soon developed pain in the back. In the next several weeks the pain went into the lower extremities, mainly on the left side. One examiner reported sex, urination and bowel problems. Lumbar epidural steroid injections in September 2002, chiropractic treatment and physical therapy were performed without significant benefit.

Requested Service(s)

Outpatient transcutaneous Disk resection at L1-2, L4-5 and L5-S1

Decision

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

Rationale

This patient has such a variety of complaints and potential problems that it is extremely doubtful that a multilevel transcutaneous disk resection procedure would be of any benefit. When those procedures are helpful, they are almost always confined to one, and on a rare occasion, to two levels. The patient's CT myelogram suggests the potential of left-sided L5-S1 difficulty, and the patient's discomfort is greater on the left side. Therefore, it is possible that a direct approach at that level may be of some benefit. The other level of potential difficulty, which is at the L4-5 space, could be explored at that time also. Based on my review of the film, it does not appear that there are surgically significant findings at the L1-2 level.

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 5th day of April 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Marks, Attn Casey Fx 972-231-7759

Respondent: National American Ins. Co. / ECAS, Attn Neal Moreland, Fx 732-2404

Texas Workers Compensation Commission Fx 804-4871 Attn: