

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 8, 2005

Re: IRO Case # M2-05-1151 –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 Anesthesiology and Pain Management, 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 dispute position letter, 1/19/05
4. Follow up notes, 2004, Dr. Rosenstein

5. MRI of the foot and ankle report, 6/22/99
6. MRI of the lumbar spine report, 4/12/01
7. Notes, 2004, Dr. Ho
8. Lower extremity electrodiagnostic report, 5/14/02
9. BHCA notes, Dr. Rabeck
10. Pain evaluation, 12/7/04, Dr. Dr. Atlin
11. Behavioral medicine and psychosociological therapy assessment 8/23/04 Dr. Rabeck
12. Clinical interview, 8/2/04, Dr. Rabeck
13. Psychological treatment summary and service request, 11/2/04, Dr. Rabeck
14. Physical performance evaluation 12/3/04

History

The patient is a 46-year-old male who has had chronic back pain since a ___ injury. The patient is morbidly obese at 400 pounds, and has failed to respond to physical therapy, injections, biofeedback and psychological counseling. There is pre-existing depression that required hospitalization in 1984.

Requested Service(s)

Pain management program.

Decision

I agree with the carrier's decision to deny the requested pain management program.

Rationale

This patient has been treated with most of the components of a chronic pain program, including counseling and biofeedback. There has not been a significant response to the treatment. The first step in addressing depression is an aggressive oral antidepressant regimen, and based on the records provided for this review, such an antidepressant regimen has not been provided. Given the prior treatment, and the lack of an aggressive oral antidepressant regimen, it is not reasonable and necessary for this patient to participate in a behavioral pain management 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 11th day of April 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Syzygy Associates, LP, Attn Linda Kinney, Fx 817-451-0091

Respondent: Travelers Indemnity Co., Attn Jeanne Shafer, Fx 347-7870

Texas Workers Compensation Commission Fx 804-4871 Attn: