

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 14, 2005

Re: IRO Case # M2-05-1245 –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 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. Preauthorization report 2/3/05
4. Medical records review 3/2/05 Dr. Watters

5. DDE report 7/17/04, Dr. Levine
6. Lumbar MRI report 2/2/04
7. Lumbar CT discogram report 6/22/04
8. Operative report 8/16/04
9. Note, Dr. Malone 2/7/05
10. Notes, Dr. Marshall
11. Notes Dr. Franklin

History

The patient is a 45-year-old obese male who in ___ walked into a tree hole and hurt his back, neck and right wrist. The patient was treated with physical therapy and epidural steroids. A 2/2/04 MRI showed chronic changes at L3-4 and L4-5 with some slight bulging and possible S1 nerve root compromise on the right side at L5-S1. The patient's pain persisted in the low back and right lower extremity. A 6/22/04 CT discogram showed concordant pain at L4-5 and L5-S1, with CT changes showing trouble primarily at L3-4 and L5-S1. An 8/16/04 annuloplasty at L5-S1 was of no significant benefit. It is significant that the patient continues with neck significant pain

Requested Service(s)

Transforaminal interbody fusion L4-5 and L5-S1 with iliac bone graft

Decision

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

Rationale

The L3-4 level is as involved on the various studies by disease, and is as potentially symptom-producing as the levels below. This level is not included in the recommendation for surgery. There is nothing on any of the examinations to suggest instability of the spine. The patient continues with neck pain, that required injections. It is most surgeon's experience that when there is a combination of neck and low back pain, the treatment of either is not as successful as one would like. It is of possible significance that in December 2004 the surgeon that is recommending the lumbar fusion recommended disk replacement at the L5-S1 level. That procedure was denied by the carrier because of 3-level disease being present. The change from a single level disk replacement to a two-level fusion does not address the multi-level disease problem.

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 15th day of April 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Randy Lopez, 4608 Munson ST, Austin, TX 78721

Respondent: Southern Vanguard, Attn Heather Coady, Fx 346-9321

Texas Workers Compensation Commission Fx 804-4871 Attn: