

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

June 9, 2005

Re: IRO Case # M2-05-1336-01

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. Report cervical MRI 10/5/02
4. Report 2/5/05, Dr. Wilson
5. Report 4/7/05, Dr. Reyes
6. Reports 11/30/04, 2/17/05, Dr. Simmons
7. Multiple reports through 3/31/05, Dr. Flood
8. Report 11/12/04 electrodiagnostic testing
9. Report lumbar myelogram 3/30/05

History

The patient is a 41-year-old male who was injured in a head-on collision in _____. He had right elbow pain, and pain in both shoulders, neck and lumbar spine. Shoulder surgery was done on both sides. The patient's neck and low back discomfort continued. A cervical MRI on 10/5/02 showed no significant changes, except for chronic changes, mainly at C3-4 and C5-6, but nothing of surgical significance. The patient on examination has not had any significant neurologic deficit suggesting nerve root compression. EMG evaluation on 11/12/04 of both the lumbar and cervical spine suggested a possibility of radiculopathy, but no definite findings were present.

Requested Service(s)

Cervical MRI

Decision

I agree with the carrier's decision to deny the requested repeat cervical MRI.

Rationale

There have been no changes on examination to suggest a reason for change on MRI. In addition, there has been no additional injury that would cause a change on MRI. A repeat of this test, even after two and one half years, with no change in circumstances, would probably not be of any therapeutic diagnostic value. Cervical CT myelography might be of some help in coming to conclusions regarding possible nerve root or spinal cord difficulties, but it is unlikely that a repeat MRI would be helpful. An additional problem is that the patient continued to have low back problems in late 2004 that were reported to be his primary complaint. This is certainly suggested by the fact that on 3/30/05 the patient underwent a lumbar myelogram. Primary difficulty in another area of the body is an additional reason not to pursue a cervical MRI.

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 13th day of June 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Steve Rivas, 23406 Dragon Rock Rd., Elmendorf, TX 78112

Respondent: Zurich American Ins., Attn Annette Moffett, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: