

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

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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 16, 2005

Re: IRO Case # M2-05-1378 –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, Rule133.308 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. Lumbar MRI report 1/20/05 Dr. Coleman, and 11/3/03 Dr. Thomason
4. Report 2/17/05 and 2004 reports, Dr. Torres
5. Operative report 1/26/04
6. Notes, late 2004-2005, Dr. Corely

History

The patient is a 52-year-old male who in ____ fell and landed on his buttock. The patient developed left leg pain with numbness in his toes. An 11/3/03 MRI showed a left L5-S1 disk rupture. A lumbar laminectomy and discectomy was carried out on 1/26/04. Scarring was found, which was secondary to a surgical procedure at the same site in 1990. The patient had a fragment of disk material. Despite this procedure, the patient continued to have discomfort on and off. This discomfort increased in late 2004. A repeat MRI was obtained on 1/20/05, and the radiologist's report indicates that the L5-S1 level showed no abnormality, and there was scarring and evidence of scarring at the L4-5 level, without evidence of disk herniation. According to the operative report of 1/26/04, x-rays were obtained at the time of surgery, and the surgeon was very certain that the L5-S1 level was the one being operated on, and he also found scar formation there, secondary to previous surgery. The previous reports also indicated that the L5-S1 level was the one operated on.

Requested Service(s)

Redo left L5-S1 hemi-laminectomy, medial facetectomy, foraminotomy and discectomy

Decision

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

Rationale

On some reports in the past few months, right-sided pain has been mentioned. Also, the patient has had two operations with significant scarring in the area of the proposed surgery, without anything definitely suggesting recurrent disk rupture that could be corrected. The requested repeat operation could merely add to the scar formation, while possibly giving some transient improvement in symptoms that would be helpful for no more than two to three months.

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 16th day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Bituminous Casualty Corp., Attn Robert Josey, 246-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: