

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

PH. 512/248-9020
IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 25, 2005

Re: IRO Case # M2-05-1410-01

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. Summary 4/18/05

4. Letter, 3/7/05, Dr. Rosenstein
5. H & P and follow up reports, Dr. Rosenstein
6. Employer's first report of injury 7/18/00
7. List of medications 2001-2004
8. Lumbar MRI report 9/21/00
9. Lumbar CT myelogram report 4/4/01
10. RME reports, 6/12/01, 4/27/04, Dr. Tonn
11. DDE, 8/4/01 Dr. Koval
12. ESI operative reports 12/18/01, 11/20/01
13. Reports, 2001-2003, Dr. Weldon
14. Report, 3/5/05 R. Slaughter

History

The patient is a 53-year-old female who in ___ was pushing or pulling and lifting paints, and developed low back pain. The patient has a history of low back surgery for disk rupture in 1988 and 1999. Physical therapy, medications and epidural steroid injections improved her to the point that she was able to return to work. After working for several months, she developed pain once more, and it is indicated that she has not worked since June 2002 due to back discomfort. One report suggested malingering.

Requested Service(s)

Lumbar facet injections L3-4, L4-5, L5-S1

Decision

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

Rationale

On 2/23/05 Dr. Rosenstein indicated that the patient had not had any recent diagnostic tests, and he suggested CT scanning and psychological testing. The records provided for this review indicated that the psychological testing was in the preliminary stages, and had not yet been completed. At the time of the last records provided for review the CT scan had not been performed. Assuming that Dr. Rosenstein thinks that he may see something on CT scan that may alter his therapeutic approach, the lumbar facet injections would not be indicated at this time.

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 26th day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Rosenstein, Attn: Cheryl, Fx 465-2775

Respondent: American Home Assurance Co. Attn Annette Moffett, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: