

**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**

May 16, 2005

**Re: IRO Case # M2-05-1415-01**

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. Lumbar MRI report 5/28/03
4. DDE 10/19/98, Dr. Foox
5. Reports 3/4/05, 12/10/04 Dr. Nosnik
6. Report 8/26/98, Dr. Hanley

7. Reviw 9/22/98, Dr. Tsourmas
8. EMG/NCS 7/9/04, Dr. Solis
9. Operative report injection 11/3/04
10. Therapy reports
11. Progress notes, Dr. Solis

#### History

The patient is a 48-year-old male who in \_\_\_ slipped and fell, and developed back and right lower extremity pain. This led to a June 1998 L5-S1 diskectomy and fusion. The patient has a history of similar surgery in 1982, and in 1991 the patient had an anterior fusion in the lumbar spine. The patient did well after the June 1998 surgery for several months, but he then developed back and leg pain again. The pain has continued. Straight leg raising is positive on the right, and an EMG suggests l5 radiculopathy, both acute and chronic. A 5/28/03 MRI did not show surgically correctable pathology, but the patient's pain continues.

#### Requested Service(s)

Repeat lumbar myelogram with CT

#### Decision

I disagree with the carrier's decision to deny the requested myelogram with CT.

#### Rationale

There is continued pain and there are findings that suggest continued nerve root compression that might be surgically correctable. Findings on a CT and myelogram, with flexion and extension views often show pathology that can be corrected and relieve disabling pain.

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,

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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 17<sup>th</sup> day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. P. Nosnik, Attn Marsah Moriarity, Fx 972-867-2051

Respondent: TASB Inc., Attn Jackie Rosga, Fx 888-777-8272

Texas Workers Compensation Commission Fx 804-4871 Attn: