

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 # M2-05-1431-01

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. Case report, 2/15/05, Dr. Kharrazi

4. Cervical MRI reports 1/10/05, 7/8/03
5. Lumbar discogram report with CT scan 6/8/04
6. Peer review, 2/1/05, Dr. Rangaswamy
7. Report, 3/18/05, Dr. Gill
8. Operative report 9/2/04
9. Electrodiagnostic test report 3/10/05
10. Cervical spine x-ray report 3/24/03

History

The patient is a 21-year-old male who was injured in ___ when he was hit by pipe in the hands, and this pushed him backwards into a dock pole. He then fell about ten feet. The patient developed neck, low back, feet and shoulder pain. Back pain was the primary pain initially. This led to a 9/2/04 PLIF at L4-5 and L5-S1. His neck pain continued with some extension of tingling into the upper extremities. The patient has no neurologic deficit, and electrodiagnostic testing shows carpal tunnel syndrome only, without evidence of radiculopathy. A 1/10/05 cervical MRI showed some changes at C6-7 and C5-6. These were not thought surgical, and do not necessarily correspond to the patient's symptoms.

Requested Service(s)

Cervical spine surgery ACDF C5-6, C6-7 anterior cervical fusion

Decision

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

Rationale

The patient has continued back pain, and that frequently adds to the difficulty of evaluating pain in other areas. There is nothing to suggest that there may be serious neurologic problems if a wait-and-see approach were to be used at this time, rather than a major surgical procedure. There are also other cervical spine area changes that could be contributing to the patient's primary difficulty, which is neck 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,

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: Paul Bingham, PO Box 262, Diana, TX 75640

Respondent: Liberty Mutual Fire Ins. / Hammerman & Gainer, Attn Melissa Rodriguez, Fx 231-0210

Texas Workers Compensation Commission Fx 804-4871 Attn: