

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 25, 2005

Re: IRO Case # M2-05-1434-01

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, 11/28/04, Dr. Sklar

4. Operative reports 6/10/98, 4/16/99
5. Lumbar spine x-ray reports 3/7/05, 6/18/98
6. Waco Orthopedic Rehab notes 2001
7. Lumbar MRI reports 5/4/98, 1/26/97, 1/22/97
8. Reports, 2003 – 2005 Dr. Doyle

History

The patient is a 56-year-old male who was injured in _____. The details of the injury were not in the materials provided for this review. This led to continued discomfort in the patient's back and right lower extremity. On 6/10/98 an L3-4 decompression and L5-S1 decompression with fusion were performed. Surgery for hardware removal was carried out on 4/16/99. The reason for the removal was not in the records provided. The patient returned to work with a 28% full person impairment rating. In _____ a large tool box fell and hit the patient. This caused recurrent low back and right lower extremity pain. The patient has been treated with medications, physical therapy and acupuncture, along with multiple injections, without relief.

Requested Service(s)

Lumbar MRI

Decision

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

Rationale

Under the circumstances being dealt with, lumbar MRI with and without enhancement, may be beneficial in coming to conclusions as to whether there is any surgically correctable pathology that could be cared for and relieve the patient's pain. The patient has had continued pain for several years without any definite diagnosis of why this is occurring, and the recommended MRI may be helpful

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: Jimmy Machalicek, 429 Wilwood Trail, Lorena, TX 76655

Respondent: I.Penn, Attn Katie Foster, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: