

**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**

July 1, 2005

**Re: IRO Case # M2-05-1499-01**

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 1/25/05, Dr. Sanders

4. Report 11/19/04, Dr. Obermiller
5. Report 10/28/04, Dr. Buck
6. Initial report 5/22/04, Dr. Weldon
7. Reports lumbar and cervical MRIs 5/26/04
8. Report CT scan head 4/9/04
9. Reports 6/04 – 3/05, Dr. Marble
10. Electrodiagnostic study 6/7/04
11. Reports 10/11/04, 8/2/04, Dr. Rashbaum
12. ESI report 9/11/04
13. History and physical report 7/8/04, Dr. Cable
14. Pain management reports with ESI reports, Dr. Aggarwal
15. FCE report

#### History

The patient is a 25-year-old male was injured in \_\_\_ when he was driving a truck that was hit by a train. He was knocked out. A CT scan of his head the following day failed to reveal any abnormalities. The patient developed pain “all over” including neck and low back pain, with the low back pain being worse than the neck pain. There also was numbness in the right lower extremity. Medication, physical therapy and epidural steroids have not helped. The patient’s examination fails to reveal any definite reflex, sensory or motor deficit, except for a diminished left patellar reflex, but straight leg raising is positive bilaterally. A 5/26/04 MRI showed bulging disks with early spondylosis change at L3-4 and L4-5 with some L4-5 foraminal narrowing on the right. A 6/7/04 EMG suggested bilateral L4 radiculopathy.

#### Requested Service(s)

Lumbar discogram.

#### Decision

I disagree with the carrier’s decision to deny the requested discogram.

#### Rationale

The patient has general features on his examination, MRI and EMG, without a specific area of trouble definitely identified. A three-level discogram, with the control at the L2-3 level may be helpful in reaching surgical conclusions regarding the exact area of difficulty. Even if discography does not include an abnormality at L4-5, one would have difficulty not including that level in an operative procedure. But the L3-4 level is also a consideration from a surgical standpoint. I agree with the previous reviewers that discography is a questionable decision-making tool, but in this case, with the patient’s prolonged difficulty, and treatment by a surgeon who is confident in discographic results, the test is indicated.

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 5<sup>th</sup> day of July 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Kenneth Kemp, 2004 Woods Lane, Haltom City, TX 76117

Respondent: ACE American Ins, Attn Javier Gonzalez, Fx 394-1412

Texas Workers Compensation Commission Fx 804-4871 Attn: