

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

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IRO Certificate #4599

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**NOTICE OF INDEPENDENT REVIEW DECISION**

June 21, 2005

**Re: IRO Case # M2-05-1569-01**

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. Letter 3/17/05, Dr. Myles

4. History and physical note, 2/15/05, Dr. Cantu
5. Notes, Dr. Casey
6. Electrodiagnostic test result, 11/12/04
7. Operative reports ESIs 12/10/04, 1/7/05
8. Lumbar MRI report 8/24/04
9. Note, 9/8//04 Dr. Stasikowski
10. Operative report lumbar laminectomy, 8/21/03

#### History

The patient is a 56-year-old male who in \_\_\_ was lifting and twisting with some heavy hose weighing 200 pounds, and developed what he described as a strain in his back. The next morning he had significant pain that soon radiated into the lower extremities. The patient has a history of L3-4, L4-5 and L5-S1 laminectomy with foraminotomies bilaterally on 8/21/03. The lower extremity pain resolved with epidural steroid injections and physical therapy, but the back pain has remained significant. It is significant the 8/21/03 operative report specifically states that the disks were not violated anatomically.

#### Requested Service(s)

Lumbar discogram with CT scan.

#### Decision

I disagree with the carrier's decision to deny the requested Lumbar discogram CT scan.

#### Rationale

An MRI is not helpful in coming to conclusions about possible surgical pathology in this case. In the 8/21/03 operative report it specifically states that the disks were not anatomically violated. Therefore, their anatomical configuration still may be compatible with a significant response with discographic injection. The patient has had adequate conservative management without help, and the persistence of the patient's pain makes any attempt at coming to conclusions about something that will be helpful surgically medically 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 22<sup>nd</sup> day of June 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Paul Loth, 411 Daisy DR, Grandbury, TX 76049

Respondent: Ace American Ins. Co., Attn Shelly Smith, Fx 972-465-7964

Texas Workers Compensation Commission Fx 804-4871 Attn: