

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

June 20, 2005

Re: IRO Case # M2-05-1608-01

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. DDE, 1/1/05, Dr. James

4. Notes, March 2005, Dr. Berliner
5. Operative reports ESIs, 5/26/04, 7/8/04
6. Lumbar MRI report 3/35/04

History

The patient is a 40-year-old male who was climbing in and out of trenches in ___ and developed back pain. The pain soon extended into the left lower extremity. A company doctor gave the patient a back brace and put him on light duty. The pain has continued despite chiropractic treatment, physical therapy and epidural steroid injections. On examination, straight leg raising is positive on the left side only, and there are sensory findings in the S1 distribution, but the Achilles reflexes are intact. An MRI suggests very strongly that this discomfort is secondary to a disk rupture at the L5-S1 level on the left side, with "S1 nerve root."

Requested Service(s)

Lumbar laminectomy at L5-S1 on left, and implant spinal with canal catheter

Decision

I disagree with the carrier's decision to deny the requested lumbar laminectomy at L5-S1, but I agree with the decision to deny the requested catheter.

Rationale

Lumbar laminectomy with decompression of nerves by way of disk removal is indicated. Under most circumstances, when disk removal is carried out with decompression of nerves, the pain subsides very rapidly, and therefore, leaving a catheter for pain would not be medically necessary.

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 21st day of June 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. K. Berliner, Attn Brenda Gonzalez, Fx 281-875-3285

Respondent: Texas Mutual Ins, Attn Ron Nesbitt, Fx 404-3980

Texas Workers Compensation Commission Fx 804-4871 Attn: