

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 16, 2005

Re: IRO Case # M2-05-1649-01

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. Lumbar MRI report 8/5/02

4. Lumbar discogram report 1/21/04
5. ESI operative reports 8/13/02, 11/29/02
6. Lumbar CT myelogram report 9/25/02
7. Dallas Spine case notes, Dr. Henderson – esp. note 12/2/04
8. RME reports 8/10/04, 9/11/03, 6/25/03
9. Physical and functional capacity report 6/29/04
10. EMG report 8/18/03
11. Neuro-selective CPT laboratory report summary 3/25/04
12. Physical therapy records

History

The patient is a 38-year-old female who in ___ was restraining a person on a floor and had to hold him on the floor for five minutes. The patient developed back pain, which soon was associated with left lower extremity pain, and finally bilateral lower extremity pain. Physical therapy, medications and injections were tried without help. An 8/5/02 MRI showed L5-S1 chronic changes with a mild central bulge, but no definite surgical pathology present. Discography on 1/21/04 showed L5-S1 concordant pain with “facial grimacing” noted. It was also reported that there was an abnormal appearance at L5-S1 on the discogram. Lumbar CT myelography on 9/25/02 was normal.

Requested Service(s)

Anterior interbody fusion L5-S1 retroperitoneal exposure and discectomy L5-S1, anterior interbody fusion fixation, bone graft allograft, bone graft autograft in situ

Decision

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

Rationale

Lumbar spine surgery for back and leg pain without neurological findings corresponding to the imaging study abnormalities is more frequently associated with failure than not. There is in this patient the potential of radiculopathy, but a lumbar CT scan failed to show any abnormalities suggestive of nerve root compression, and an MRI showed only a mild bulge at the proposed operative level. The positive discography may well be a factor as a suggestion for surgical procedure, but not the proposed extensive surgical procedure, without a try at something less invasive.

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 27th day of May 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Henderson, Attn Amada S., Fx 214-688-0395

Respondent: SORM, Attn Nartisha Bates, Fx 370-9052

Texas Workers Compensation Commission Fx 804-4871 Attn: