

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 13, 2005

Re: IRO Case # M2-05-1650-01 -SS

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. Reports 4/1/05, 4/25/05 Dr. Novak

4. FCE 4/14/05
5. Report 8/27/04, Dr. Nowlin
6. Cervical MRI report 4/24/00
7. Electrodiagnostic testing reports 8/19/03
8. Operative report 3/26/04
9. Cervical facet block report 9/26/02
10. Reports, 2005, Dr. Berliner
11. Pain management reports, Dr. Oladute
12. Cervical CT myelogram report, 10/12/00
13. CT cervical discography report 1/28/05

History

The patient is a 42-year-old female who in ___ was lifting heavy metal and developed low back and neck pain, bilateral upper extremity pain, and headache. A 4/24/00 Cervical MRI showed C4-5 and C5-6 changes compatible with symptom-causing either fresh problems, or aggravation of previous existing problems in that area. CT myelography on 10/12/00 showed primarily C4-5 and C5-6 difficulties, as was the case with the MRI. The patient was treated with physical therapy, epidural steroid injections, facet blocks and medications without significant benefit. Electrodiagnostic testing on 8/19/03 suggested bilateral C4-5 and C5-6 irritation of nerve roots. Because apparently her back pain became more prominent than her neck pain, and the patient had findings suggesting pathology there as its source, a lumbar laminectomy at L4-5 and L5-S1 with disk removal was carried out on 3/26/04. This diminished her back pain, but her cervical pain has continued, along with upper extremity discomfort. CT discography on 1/28/05 was positive at C5-6 and C6-7, with changes present at C4-5 on the post discogram x-ray that were significantly abnormal, but that level did not produce concordant pain.

Requested Service(s)

Anterior cervical discectomy and fusion at C4-5 and C5-6 with anterior plating and bone graft.

Decision

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

Rationale

There has been electrodiagnostic testing, MRI testing and CT myelographic testing showing that there are potentially surgically correctable changes at those levels that are the source of the patient's discomfort. The discogram is somewhat of a problem, since it was positive at a level below the proposed surgery, but discography is not a test that should alter a surgical approach if findings are already present, as they are in this case. With findings such as those in this case, it is unclear why a discogram was even done.

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 14th 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: Ace USA/ESEI, Attn Javier Gonzalez Fx 394-1412

Texas Workers Compensation Commission Fx 804-4871 Attn: