

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 # M2-05-1660-01

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. Abilene Diagnostic Clinic office notes 2/11/05

4. Lumbar Mri report 8/7/04
5. EMG reports 3/5/05
6. 12/10/04 ESI operative report
7. Reports, 2005, Dr. Heath
8. Report 3/3/05, Dr. Vaughan
9. Report, 10/14/04, Dr. McDonough

History

The patient is a 34-year-old male who in ___ was fixing a transmission, using his legs, and developed back pain. The patient had a history of back pain following injuries in ___ and ___. The previous injuries cleared with physical therapy and medications. An 8/7/04 MRI showed some changes at L4-5 and L5-S1, primarily on the left side at L5-S1, but there was no distinctly surgical pathology thought to be present. The changes were compatible with difficulties in the nerve roots, which could be causing inflammation that results in pain. Physical therapy did not relieve the patient's pain. There was associated left lower extremity discomfort, but this soon became significant on the right side. ESIs on 12/10/04 relieved the right lower extremity discomfort, without helping the back pain. The patient's discomfort is primarily in the left lower extremity at this time, along with back pain.

Requested Service(s)

Lumbar ESI at L5-S 1.

Decision

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

Rationale

Despite what is indicated in the preauthorization denial rationale, it would appear from the records reviewed that there was significant diminution of right lower extremity discomfort after the patient's initial ESIs. The patient's findings are primarily left-sided now as far as pain is concerned, and this is supported by EMG and MRI. Therefore, repeat ESIs concentrating on the left side would be 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,

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 13th day of June 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Service Lloyds Ins., Attn Robert Josey, Fx 346-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: