

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

July 7, 2005

Re: IRO Case # M2-05-1689-01

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. Appeal letter 4/11/05,

4. Lumbar MRI report 1/3/05
5. Electrodiagnostic test report 6/27/03, Dr. Fleming
6. Neurological evaluation 6/2/03, Dr. Fleming
7. Operative reports ESIs 7/7/03, 10/28/03, 11/4/03
8. Reports 2005, Orthopedic Associates

History

The patient is a 42-year-old male who in ___ was involved in a motor vehicle accident in which he was rear ended. The patient developed low back pain that soon extended into the left lower extremity and continues to do so. There is a history of a lumbar laminectomy on the left side at L5-S1 prior to this accident. The patient has left lower extremity pain and numbness, but no weakness. The patient has been treated with conservative measures, including epidural steroid injections on three occasions, without significant benefit. A 1/3/05 MRI suggests the possibility of recurrent disk rupture at the L5-S1 level on the left side with considerable scar formation. There is some inconsistency in the reports in that the majority of the reports indicate significant left lower extremity discomfort, but one evaluator said that the pain is primarily back pain. MRI and electrodiagnostic testing and the patient's pain certainly suggest radiculopathy.

Requested Service(s)

L5-S1 facet joint injection.

Decision

I agree with the carrier's decision to deny the requested injection.

Rationale

The patient has significant radiculopathy, and this will probably not be helped by facet injections. He may get some transient help from injections, but the major pathology will not be dealt with, and therefore, persistent pain will probably be present. A more aggressive approach, such as evaluation for possible decompression with interbody fusion, would be a more logical approach.

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 11th day of July 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Hartford, Attn Betsy Rassman, Fx 860-947-3639

Texas Workers Compensation Commission Fx 804-4871 Attn: