

**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**

July 7, 2005

**Re: IRO Case # M2-05-1932-01** amended 7/14/05 (to correct patient name and case number))

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, Rule133.308 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. Letter 5/15/05, Dr. potter

4. Initial H and P 3/28/05, Dr. Potter
5. Physical therapy progress notes
6. RME 4/19/05, Dr. Kennedy
7. Medical records 2004-2005 Beeville Medical Assoc.

#### History

The patient is a 34-year-old female who in \_\_\_ was carrying a pepper fogger at a prison and developed back and bilateral lower extremity pain that is worse on the right side. There has been no reflex, sensory or motor deficit, but straight leg raising is positive on the right side only. A 12/2/04 MRI showed an annular tear at L5-S1, with other degenerative disk disease changes at that level. The patient continues to work, but has significant discomfort in her back, extending into the right lower extremity.

#### Requested Service(s)

Outpatient right L5 and S1 transforaminal epidural steroid injection.

#### Decision

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

#### Rationale

There is enough evidence of changes at the L5-S1 level to suggest possible nerve root irritation with swelling, and an epidural steroid injection may be helpful in dealing with this. In addition, it could be of diagnostic significance, because if there is no improvement a more extensive work up would be recommended, as was suggested by Dr. Potter.

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,

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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 14<sup>th</sup> day of July 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Potter, Attn Monica Molina, Fx 361-882-9170

Respondent: SORM, Attn Jennifer Dawson, Fx 370-9170

Texas Workers Compensation Commission Fx 804-4871 Attn: