

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 11, 2005

Re: IRO Case # M2-05-1933-01

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. Report 6/16/05, Dr. Wilk

4. Report 4/26/05, Dr. Vaughn
5. Reports discogram with CT scan lumbar spine 3/9/05
6. Report lumbar MRI 3/5/04
7. Notes 2004, Dr. Foox
8. Report x-rays lumbar spine 3/5/04
9. Electrodiagnostic test reports 9/29/04
10. Records 2004-2005, Dr. Samaratunga

History

The patient is a 34-year-old male who in ___ fell in a sitting position. The patient developed severe lumbar pain that has persisted. There is also some pain in the right lower extremity. Physical therapy, epidural steroid injections and medications have not been significantly helpful. The patient has no neurologic deficits according to most of his examiners, but straight leg raising is positive on the right side. A 3/5/04 MRI of the lumbar spine showed only minimal disk protrusion at the L2-3 level. The MRI also showed changes at the L5-S1 level, but without canal or foraminal stenosis. Plain x-rays of the lumbar spine with flexion and extension views obtained on 3/5/04 failed to reveal any instability. Discography carried out at five levels on 3/9/05 showed concordant pain at the L2-3 level only. The CT scan after discography showed degenerative changes only. A 9/29/04 EMG was normal, without evidence of radiculopathy.

Requested Service(s)

L2-3 posterior lumbar inerbody fusion and graft instrumentation.

Decision

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

Rationale

There is nothing on examination or x-ray to indicate instability at the L2-3 level or elsewhere in the lumbar spine. The discography, while positive at L2-3, could have well also been positive at L5-S1, because those are the areas of more concern than other levels. Only one of several examiners found a neurologic deficit suggesting L2-3 as the area of trouble. The EMG was normal, showing no evidence of nerve root difficulty. A major fusion procedure at the L2-3 level stands such a great risk of not being at all helpful that it is not 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 12th day of July 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: National American ins. Co., Attn Chad Williams, Fx 405-240-5439

Texas Workers Compensation Commission Fx 804-4871 Attn: