

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

August 12, 2005

Re: IRO Case # M2-05-1949-01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation cases 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 Worker's compensation assign cases to certified IROs, this case was assigned 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 Worker's Compensation 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. IME 4/1/05, Dr. Weigel

4. Letter and reports 2005, Dr. Rosenstein
5. EMG report 10/2/02
6. Cervical MRI report 8/12/02
7. Physical therapy notes
8. Initial evaluation 7/22/02, Dr. Cole

History

The patient is a 47-year-old male who in ___ was carrying chairs up a ladder and developed right shoulder pain. He kept working until the pain became so severe that he had to stop working a few days after the injury. X-rays of the cervical spine and shoulder were normal, except for some straightening of the lordotic curve. An 8/2/02 MRI showed a small C4-5 central disk protrusion. CT myelography on 3/12/03 showed nothing in the way of significant impingement of the spinal cord or nerves. The patient has had continued pain in his neck, shoulder and right upper extremity. The pain has continued despite physical therapy, medications, ESIs and trigger point injections. The pain has recently increased and CT scanning of the cervical spine is requested for further evaluation.

Requested Service(s)

Cervical CT from C1 to T1

Decision

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

Rationale

It is assumed that the scan was requested without myelographic evaluation. If myelographic evaluation were included, the evaluation would be more reasonable. But the diagnostic tool of choice in cases such as this would be a repeat MRI. The MRI performed on the cervical spine over 2 ½ years ago would be very useful for comparison with a new MRI. It is doubtful that plain CT scanning of the cervical spine would be beneficial under circumstances that suggest the possibility of radiculopathy developing.

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 15th day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Rosenstein, Attn Jennifer, Fx 817-465-2775

Respondent: Lumbermens Mutual Casualty Co. Attn Wisteria Hutchenson, Fx 346-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: