

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

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IRO Certificate #4599

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**NOTICE OF INDEPENDENT REVIEW DECISION**

August 2, 2005

**Re: IRO Case # M2-05-2011-01**

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 Psychiatry, 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. Report 4/7/05, Dr. Mosbach

4. Letter 6/13/05, P. Bohart
5. Letters 3/24/05, 4/25/05, C. Ramirez
6. Initial behavioral medicine consult report 7/14/04
7. Notes, Dr. Willis
8. Reports MRI, nerve conduction, biofeedback
9. Report 9/6/01, Dr. Rivera
10. Rehab Group team report 9/6/01
11. Note 7/7/00, Dr. Henderson
12. Examination note 10/24/00, Dr. Czewski

#### History

The patient is a 54-year-old female who in \_\_\_ injured her back. She is diagnosed with lumbar spine disk displacement. She continues to have low back pain, and pain in her hands is rated as severe. She has been treated with chiropractic care, epidural steroid injection, muscle relaxant, anti inflammatory medication, and a 12-week pain management program. She has had some individual counseling and biofeedback. The patient was said to be at MMI by 9/6/01. The patient continues to have anxiety, depression and insomnia. There is no record of psychiatric treatment. Based on the records provided for this review, the past individual therapy and biofeedback sessions do not appear to have been of much benefit. The clinic that is requesting further sessions indicates that the patient has worsened, with increased irritability, frustration, anxiety, depression and forgetfulness.

#### Requested Service(s)

Biofeedback training, perineal muscl, anorectal, and individual psychotherapy 1 x 8 wk.

#### Decision

I agree with the carrier's decision to deny the requested biofeedback training and psychotherapy.

#### Rationale

There is no indication that further individual psychotherapy or biofeedback would benefit this patient. Based on the patient's past results, there is no reason to repeat treatments that have not been beneficial.

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 3<sup>rd</sup> day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Phillip Bohart, Attn James Odom, Fx 214-692-6670

Respondent: Employers of Wausau, Attn Melissa Rodriguez, Fx 231-0210

Texas Workers Compensation Commission Fx 804-4871 Attn: