

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-9248.M2

**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 11, 2005

Re: IRO Case # M2-05-2026-01

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, 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 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. Electrodiagnostic test report 5/27/05
4. Report 4/27/05, Dr. Ciepiela
5. Report 10/14/04, Dr. White
6. Reports, Dr. Toohey
7. Lumbar MRI reports 2/25/05, 11/10/04
8. Cervical MRI report 2/28/05
9. Pain management reports, and ESI reports, Dr. Joyner
10. Health South rehab notes

History

The patient is a 56-year-old male who was injured in ___ when he fell four to five feet. This accident increased back pain that already had been significant, and had been evaluated by MRI on 11/10/04. The patient was taken to the ER soon after the fall. X-rays were taken and the patient was sent home with medications. Physical therapy was started, but it was not helpful. There is a history of cervical spine surgery including fusion, and the patient had had difficulties in his neck and discomfort into his upper extremities somewhat since that time, along with numbness. The patient's ___ injury increased the patient's neck symptoms, along with low back symptoms. MRI evaluation on both 11/10/04 and 2/28/05 suggests significant pathology at the L4-5 and L5-S1 levels that is possibly surgically correctable. There is no significant change in the MRI from before the injury and after the injury. Epidural steroid injections were of no significant help, and it is suggested that a major operative procedure in the lumbar spine may be indicated. To better evaluate the possible extent of that operation, lumbar discography has been recommended. One of the patient's major symptoms is sexual and urinary bladder dysfunction.

Requested Service(s)

Lumbar discogram

Decision

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

Rationale

Both clinically, and on electromyographic evaluation, there is a suggestion of nerve root compression as the source of the patient's difficulties. Lumbar discography is of very limited value in coming to conclusions regarding the source of nerve root difficulties. One of the patient's major problems is bladder dysfunction, and discography would not be helpful in coming to conclusions regarding correctable pathology related to those difficulties. A more definite examination that might be helpful in coming to conclusions regarding the type of operation that might be helpful would be lumbar CT myelographic evaluation with flexion and extension views

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. John Toohey, Attn Debbie, Fx 210-561-7240

Respondent: Hartford Underwriters Ins., Attn Barbara Sachse, Fx 343-6836

Texas Workers Compensation Commission Fx 804-4871 Attn: