

**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 12, 2005

**Re: IRO Case # M2-05-2032-01**

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. Lumbar CT myelogram report 4/25/05

4. Reports, Dr. Duarte 5/20/05, 2/12/05
5. Lumbar MRI report 7/14/04
6. Electrodiagnostic study reports 7/7/05
7. Consult report 1/10/05, Dr. Hudgins
8. Initial evaluation and progress note 9/16/04, 10/4/04, Dr. Endsley
9. Progress notes, Dr. Daggubati

#### History

The patient is a 53-year-old male who in \_\_\_ was pulling pallets and developed severe back pain. Medications and physical therapy have not relieved his pain. A 7/14/04 MRI showed a small left-sided bulge at L4-5, corresponding to his back and left lower extremity discomfort. There was a slightly greater change at L5-S1, compatible with disk change that may be surgically correctable. One examiner found no neurological deficit and straight leg raising was negative. But other examiners found weakness in the left tibialis anterior muscle. This suggests the potential of L5 nerve root trouble. A trial off work has not been helpful. CT myelography on 4/25/05 showed bilateral changes at L4-5, somewhat worse on the left side. These changes are compatible with potential nerve root compression. Electrodiagnostic testing on 7/7/05 showed evidence of left S1 radiculopathy without peripheral neuropathy, which may have been present secondary to the patient's diabetes.

#### Requested Service(s)

Lumbar laminectomy / discectomy left L4-5

#### Decision

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

#### Rationale

Based on the records provided for this review, not only should the L4-5 level be explored, but in addition, if that does not completely explain the patient's trouble, the L5-S1 level should also be explored. There is evidence on EMG of S1 nerve root trouble on the left side, and on examination there is suggestion of L5 nerve root trouble. The patient has been 22 months since his surgery, and despite rather extensive conservative management, his pain persists. Epidural steroid injections have been refused by the patient because of his diabetic condition. The electrodiagnostic studies showing left S1 nerve root difficulties took place after the utilization reviews in May and June 2005. The studies are further evidence of the potential of difficulty in the lumbar spine that is potentially surgically correctable.

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 15<sup>th</sup> day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. S. Daggubati, Attn Diane, Fx 325-625-6514

Respondent: New Hampshire Ins. Co., Attn Annette Moffett, Fx 867-1733

Texas Workers Compensation Commission Fx 804-4871 Attn: