

**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 # M2-05-2055-01**

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. IRO summary 7/13/05

4. UniMed reports with literature references
5. Letter 8/20/04, Dr. Ulrich
6. Reports 2005 , Dr. Milani
7. Review 2/12/05, Dr. Bigos
8. Cervical MRI report 6/17/04
9. CT scan cervical spine report 12/21/04
10. Medical records, Dr. Foox

#### History

The patient is a 29-year-old female who in \_\_\_ struck the top of her head on a concrete ledge. She immediately developed pain in her neck that extended into the left upper extremity. This pain persists, with numbness into the first two fingers on the left side. Physical therapy and nerve blocks have been unsuccessful in dealing with the patient's trouble. Both MRI and CT scanning have shown evidence of C5-6 disk herniation on the left with probable C6 nerve root compression. While there is no definite neurologic deficit, the patient's symptoms are certainly compatible with a left-sided C5-6 disk rupture, as evidenced on the imaging studies.

#### Requested Service(s)

Anterior cervical decompression disectomy C5, with banked blood & interbody fusion of placement of anterior plate & screws

#### Decision

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

#### Rationale

The patient's symptoms and the various imaging studies are compatible with changes that are surgically correctable by the proposed procedure. There is enough evidence of plating improving the fusion rate and eliminating dislodging of the bone graft that it is reasonable. While there are some reports in the literature indicating that the proposed procedure is not very effective, it is my experience that it is one of the more successful procedures pursued by neurosurgeons.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: ARCFI, Attn Raina Robinson, Fx 479-273-8792

Texas Workers Compensation Commission Fx 804-4871 Attn: