

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 23, 2005

Re: IRO Case # M2-05-2077-01

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. TWCC 69 and medical report 2/28/05, Dr. English

4. Lumbar MRI report 4/21/04
5. Employers first report of injury 10/2/03
6. Carrasco Pain Institute reports April, May 2005
7. Reports 10/30/03 -2/15/05, Dr. Garcia
8. #/8/04 FCE
9. Texas Medical Clinic notes 2003

History

The patient is a 37-year-old, obese, borderline diabetic male who in ___ re-injured his back when he fell from a truck. The patient has had previous back difficulties that required surgery in January 2001, consisting of L5-S1 discectomy with fusion. Back and lower extremity pain has continued despite physical therapy and medications. A 4/21/04 MRI showed lumbar spine changes of a chronic nature at both L4-5 and L5-S1 without distinctly surgically correctable pathology. There was also evidence of nerve root compromise at both L4-5 and L5-S1, and there was some question of compromise at the L2-3 level. The patient's pain has persisted despite continuation of his therapy and limited physical activity. The patient's primary discomfort is in his low back, extending into his left lower extremity.

Requested Service(s)

Series of two lumbar epidurals w/ fluoroscopy & epidurogram.

Decision

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

Rationale

Previous surgery with the development of scar, and continued chronic changes in the lumbar spine frequently cause nerve root changes when fresh injury occurs, and these changes persist without some form of therapy. In this case, there is no clear cut surgical pathology that would necessitate repeat laminectomy, but the patient's overall picture is certainly compatible with changes in the nerve root and surrounding tissue that may well be helped by the proposed injections. Although the potential of this not being significantly beneficial is more prominent than is often the case, there is no other choice in hopefully dealing with the problem, at least initially. The possibility of something more, including spinal cord stimulation or re-exploration of the lower spinal canal is possible.

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 24th day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Old Republic Ins. Co., Attn Neal Moreland, Fx 73202404

Texas Workers Compensation Commission Fx 804-4871 Attn: