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

PH. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 26, 2005

Re: IRO Case # M2-05-2204–01

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 7/25/03, Dr. McKechnie

4. Letter and evaluations 6/13/05, 2/8/05, 2/18/05, Valley Total Healthcare
5. Letter 4/17/03, Dr. Pechero
6. Letters, progress notes, discogram note, decompression note 9/02 – 2/05

History

The patient is a 32-year-old male who injured his lower back in ___. Multiple evaluations, including two MRI scans and two EMGs diagnosed degenerative disk disease between L4 and S1, slight (3-4mm) bulging disks and right S1 radiculopathy. The patient received extensive chiropractic care (101 visits), physical therapy, steroid injections, multiple medications, EMS unit, laser disk decompression and post operative physical therapy. The patient was evaluated to be at MMI by 4/17/03. A report indicated that the patient had had preexisting chiropractic treatment (73 visits between 1997 and 2001) for back problems that was not reported in the evaluations after his ___ accident. Despite all the treatment and the passage of over four years, the patient continues to complain of back and leg pain. A 2005 request for a chronic pain management program was denied. The same program provider then requested four individual counseling sessions and eight sessions of biofeedback. This was also denied. The records provided for this review do not include any evidence of previous psychiatric or psychological evaluation or treatment.

Requested Service(s)

Individual psychotherapy x four sessions; biofeedback x eight sessions.

Decision

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

Rationale

Based on the records provided for review, it appears unlikely that the requested treatment would be of any medical benefit to the patient, and therefore would not be medically appropriate. The 2/18/05 evaluation by the treatment provider is of concern. There were several contradictory statements in the evaluation, and I question the diagnosis of Major Depressive Disorder, severe with psychotic features. There was nothing in the report to substantiate this diagnosis. The report states that the patient was employed during the past two and one half years, and then states that the patient "has not worked at all." The report states that, "the patient has learned to effectively cope with and to tolerate his pain." If so, why is the requestor asking to treat him? The report states that the patient has a sleep disturbance, but then states that he sleeps 7-8 hours daily.

If this patient has significant depression requiring treatment, he should be evaluated by a psychiatrist. There is no mention in the records provided of a referral for psychiatric evaluation. It would be inappropriate to treat such depression at a pain program alone.

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 30th day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Valley Total Healthcare Systems, Attn Nick Kempisty, Fx 214-943-9407

Respondent: Texas Byuilders Ins. Attn John Fowler, Fx 288-3005

Texas Workers Compensation Commission Fx 804-4871 Attn: