

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

September 22, 2005

Re: IRO Case # M2-05-2294-01

Texas Worker's Compensation Division:

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 Workers' 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 Workers' 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 Workers' 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 MRI report 7/3/02

4. Lumbar spine x-ray 4/11/05
5. Electrodiagnostic test results 3/6/03, 5/14/03
6. ESI operative reports 6/20/03, 11/30/04
7. Reports 2003 – 7/2005, Dr. D'Agostino
8. Report 4/13/05, Dr. Henderson
9. Chiropractic and physical therapy notes

History

The patient is a 48-year-old male who in ___ was lifting a 150- 200-pound piston and developed back pain that soon extended into the left lower extremity. He now has pain in both lower extremities. Physical therapy has not been successful, and epidural steroid injections have helped only briefly on two occasions. The patient continues to be limited in his duty status. A 7/3/02 MRI showed degenerative disk disease changes at multiple levels, with the primary concern being at L4-5. A 5/14/03 EMG suggested a right S1 radiculopathy.

Requested Service(s)

Lumbar discogram / CT L3-4, L4-5, L5-S1, L2-3 for control level

Decision

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

Rationale

The multiple-level discogram with a control level at L2-3 would in all probability be of little value in coming to therapeutic conclusions. The patient's primary difficulty seems to be at L4-5, both on the MRI, and to some extent on the EMG. A more reasonable evaluation might be accomplished by CT myelography, with flexion and extension views. This should be pursued only if the patient thinks that his status is such that a major operative procedure, without any guarantee of relief, would be pursued if the myelography suggested surgically-correctable pathology.

This medical necessity decision by an Independent Review Organization is deemed to be a Worker's Compensation decision and order.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have a right to appeal the decision. The decision of the Independent Review organization is binding during the appeal process.

If you are disputing a decision other than a spinal surgery prospective decision, the appeal must be made directly to the district clerk in Travis County (see Texas Labor Code sec. 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and

appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 23rd day of September 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Henderson, Attn Amada S., Fx 688-0359

Respondent: ESIS, Attn D. Simpson, Fx 713-403-3125

Texas Workers Compensation Division, Fx 804-4871 Attn: