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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

October 2, 2005

Re: IRO Case # M2-05-2306-01 ____, amended 10/4/05, 10/7/05

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, Rule 133.308 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. Texas Back Institute notes 2005, Dr. Guyer
4. Lumbar MRI reports 5/20/04, 4/29/03
5. Disk removal operative report 4/5/04

6. Lumbar discogram report 1/17/05
7. Pain management report 9/17/03

History

The patient is a 46-year-old male who in ___ was lifting heavy equipment and developed back pain, which soon radiated into the right lower extremity. An MRI showed a large L4-5 disk rupture on the right side, and surgical removal was carried out on 4/5/04. Pain has persisted, primarily in the patient's back, but somewhat into the right lower extremity.. Post surgical physical therapy and epidural steroid injections have failed to be helpful. A 5/20/04 MRI showed scar formation at the L4-5 level with some central disk rupture at the L5-S1 level, which was unchanged from the 4/29/03 MRI. Discography on 1/17/05 was positive at the L4-5 and L5-S1 levels. The patient has been unable to work for the past year because of persistent pain.

Requested Service(s)

Total disc replacement Charite L4-5 & L5-S1 with one day stay

Decision

I agree with the carrier's decision to deny the requested 2-level disk replacement procedure.

Rationale

The procedure is not only not approved for two levels, but also the L5-S1 level is not showing enough pathology to warrant disk replacement. However, the L5-S1 level shows enough change that it might be contributing to the patient's back pain, and fusion at that level, plus disk replacement at the L4-5 level, as suggested by Dr. Guyer in his 8/10/05 report, could be a reasonable approach to the patient's problem, rather than the requested procedure.

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 7th day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Federal ins. Co./Downs Stanford, Attn Melamie Roberts, Fx 214-754-8175

Texas Workers Compensation Division, Fx 804-4871 Attn: