

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

October 2, 2005

Re: IRO Case # M2-05-2350-01

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, 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. San Antonio Spine & Rehab summary 8/18/05, and reconsideration letter 7/7/05

4. Pain medicine notes February and June 2005, Dr.karasely
5. Lumbar MRI report 8/31/04
6. Evaluations May and June 2005, Dr. Flood
7. ESI operative report 4/13/05
8. Bone Scan report 10/20/04

History

The patient is a 40-year-old female who in ___ slipped coming down a ladder and hit her back on the steps. The patient developed back pain that soon radiated into the right buttock and right lower extremity, and she now has some discomfort in the left lower extremity, in addition to her back pain. This has persisted despite physical therapy and epidural steroid injections. An MRI showed no major disk rupture or other surgically correctable pathology. Epidural steroid injections and physical therapy have not been successful in dealing with the problem. Pain persists. It is thought that a work hardening program might be beneficial in improving function.

Requested Service(s)

30 sessions of work hardening

Decision

I agree in part and disagree in part with the carrier's decision to deny the requested work hardening.

Rationale

It is doubtful that a full six-week program could be pursued because according to the records provided for this review, the patient's discomfort is increased by minor activity at the time. However, a trial period, as suggested by Dr. Flood, is indicated to improve function. If the patient's discomfort, however, is such that she cannot handle the activities of work hardening, then the program should be discontinued. A trial period of up to two weeks, unless pain prevents the patient from handling activities, would be medically reasonable.

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 3rd day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: San Antonio Spine & Rehab, Attn Lori, Fx 210-921-0398

Respondent: Liberty Ins. Corp./Liberty Mutual, Attn Carolyn Guard, Fx 574-258-5349

Texas Workers Compensation Division, Fx 804-4871 Attn: