

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

October 24, 2005

Re: IRO Case # M2-06-0031-01 ____

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 Division of 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 the Division of 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 Division of 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. Report 2/25/05, Dr. Hirsch
4. Lumbar MRI report 1/4/05

5. Pelvic MRI report and film 2/26/05
6. Bone scan and x-ray films
7. Letter 8/4/05, and reports 2005, Dr. Dennis

History

The patient is a 47-year-old female who in ___ slipped and fell, and developed back pain, with pain extending into the left buttock, and tingling and numbness in the left lower extremity. The pain increased with walking, and by hyper-extension of the back. There is no reflex, sensory or motor deficit, and EMG is normal, not showing any evidence of nerve root compression. An MRI of the lumbar spine shows some chronic changes at L3-4 and L4-5, but does not show anything that is surgically correctable that would account for the patient's discomfort. The patient's pain persists despite medications, diminished activity, and physical therapy with exercises. She continues to work with some difficulty. A pelvic MRI has ruled out as much as possible other sources for the patient's pain that would not be in the spine.

Requested Service(s)

Lumbar myelogram / CT

Decision

I disagree with the carrier's decision to deny the requested myelogram / CT.

Rationale / Clinical Basis for Decision

The patient's pain persists and is of such a nature that pathology may be found on myelogram that was not seen on the MRI. It is not unusual for there not to be distinct clinical evidence of nerve root compression, even though there is significant nerve root compression that is causing pain. Often the nerve root compression can be found by myelographic evaluation. Although the percentage of such findings is thought to be small, it would still be worth the effort in this case, since the patient is one year post injury and continues to have significant discomfort.

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 24th day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Fidelity & Deposit Co., Attn Carmen Estrada, Fx 454-5110

Texas Workers Compensation Division, Fx 804-4871 Attn: