

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

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**IRO Certificate #4599**

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**NOTICE OF INDEPENDENT REVIEW DECISION**

October 22, 2005

**Re: IRO Case # M2-06-0038-01**

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 Anesthesiology and Pain Management 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. TWCC 69, Designated Doctor report 12/16/04, Dr. Tuen
4. Appeal letters, Active Behavioral Health & Pain Rehab
5. Behavioral Medicine Consultation 7/20/04, F. Hernandez, P. Bohart

6. Medical notes, Dr. Small
7. MRI lumbar spine report 8/3/04
8. Clinical notes, Dr. Subia
9. Chart notes 12/3/04, 10/1/04, 8/13/04, Dr. Henderson
10. FCE summary report 11/24/04
11. Work hardening summary 11/26/04
12. Peer review 10/28/04, Dr. Buczek
13. Psychiatric diagnostic interview 10/12/04, M. Gonzalez-Michaelis, T. Overman
14. Electrodiagnostic test report 9/2/04

#### History

The patient is a 37-year-old male who in \_\_\_ injured his back while picking up a stainless steel sheet. Since then, the patient has had lower back pain. Physical therapy, work hardening and epidural steroid injection have been unsuccessful in relieving the pain.

#### Requested Service(s)

Biofeedback PPA with four modalities (EMG, SC/GSR, and TEMP)

#### Decision

I disagree with the carrier's decision to deny the requested biofeedback.

#### Rationale / Clinical Basis for Decision

There is evidence in the medical records provided for this review of psychological effects from the low back pain. There is also muscle tension, guarding, and bracing. These are all conditions that often respond to biofeedback. Therefore, the request is reasonable and medically necessary.

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.

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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 22 day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Active Behavioral Health & Pain Rehab, Attn James Odom, Fx 214-692-6670

Respondent: Graphic Arts Mutual Ins, Attn Kevin McGillicuddy, Fx 320-9967

Texas Workers Compensation Division, Fx 804-4871 Attn: