

**Envoy Medical Systems, LP**  
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**NOTICE OF INDEPENDENT REVIEW DECISION**

October 24, 2005

**Re: IRO Case # M2-06-0048-01** \_\_\_\_

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 of medical evaluation 7/6/05, Dr. Koutras

4. Letter 8/19/05 and reports 2005, Dr. Rosenstein
5. Report 4/12/04, Dr. Ratlif
6. Operative report 8/27/04

#### History

The patient is a 50-year-old male who in \_\_\_\_ was unloading ties from a truck and developed low back pain. He has been unable to work since then because of his discomfort. He was treated with physical therapy, epidural steroid injections and medications without help. A 12/8/03 lumbar MRI showed a broad-based disk protrusion at L4-5 without significant nerve displacement. NCS on 12/12/03 were negative for nerve pathology. On 8/27/04 a decompression and PLIF was carried out at the L4-5 level. Post operatively the patient continues to have some discomfort, including back and lower extremity discomfort. The patient's impairment rating did not include radiculopathy.

#### Requested Service(s)

EMG/NCV: lower extremities, bilaterally.

#### Decision

I disagree with the carrier's decision to deny the requested EMG/NCV: lower extremities, bilaterally.

#### Rationale / Clinical Basis for Decision

The patient has never had electromyographic evaluation for evidence of radiculopathy, despite the conduction studies that were done on 12/12/03. There is occasional sub-clinical evidence of nerve root compression that is not present on physical examination, but that can be seen on electromyographic evaluation. If this would be a factor in the patient's whole person permanent impairment rating, then it would be necessary as indicated above.

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 25<sup>th</sup> day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Rosenstein, Attn Jennifer, Fx 817-465-2775

Respondent: ACE American Ins, Attn Madeline Hershey, Fx 713-403-3150

Texas Workers Compensation Division, Fx 804-4871 Attn: