

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 24, 2005

Re: IRO Case # M2-06-0049-01 ____

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 lumbar CT myelogram 6/22/05
4. EMG report 7/13/05
5. Lumbar MRI report 3/31/04
6. X-ray lumbar spine report 7/6/05
7. Operative reports of facet injections and epidural steroid injections 2004
8. Reports 2005, Dr. Zavala

History

The patient is a 48-year-old male who in ___ was unloading boxes of books and developed low back pain. He was able to work for a couple of weeks with the pain. There is a history of a 1998 lumbar laminectomy at the L5-S1 level with fusion. The patient did well after the surgery, and was doing well at the time of the ___ injury. Medications, light duty, facet blocks and epidural steroid injections were not significantly beneficial. CT scanning and MRI evaluation suggest pathology, mainly at the L4-5 level, and to some extent at the L3-4 level, consisting of disk herniation with nerve compromise.

Requested Service(s)

Lumbar laminectomy / discectomy, OLIF, internal fixation with cages, lateral fusion.

Decision

I disagree with the carrier's decision to deny the requested lumbar laminectomy / discectomy, OLIF, internal fixation with cages, lateral fusion.

Rationale / Clinical Basis for Decision

The patient had had over two and a half years since his injury with continued discomfort, despite the multiple efforts with conservative measures. The extent of the proposed operation may seem to be a bit great, but since the patient had previous surgery at the L5-S1 level with fusion, the levels above will need to be dealt with extensively if a single operation is ultimately going to take care of his trouble. Therefore, the proposed operative procedures at the L3-4 and L4-5 levels are indicated.

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 25th day of October 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Hartford Casualty Ins., Attn Barbara Sachse, Fx 343-6836

Texas Workers Compensation Division, Fx 804-4871 Attn: