

**Envoy Medical Systems, LP**  
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**Austin, Texas 78758**

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**IRO Certificate #4599**

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**NOTICE OF INDEPENDENT REVIEW DECISION**

October 26, 2005

**Re: IRO Case # M2-06-0080-01** \_\_\_ amended 11/4/05

Texas Department of Insurance, Division of Workers' Compensation:

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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, 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. Concentra report 2005
4. Lumbar MRI report 11/23/04
5. Texas Back Institute notes and reports 2004-2005, including ESI operative report 5/12/05, Dr. Bradley
6. ESI operative report 1/27/05, Dr. Workman
7. Reports and medical notes through 9/26/05, Dr. Craig
8. Report 4/1/05, Dr. Huff
9. Physical therapy notes

### History

The patient is a 35-year-old male who in \_\_\_ was lifting and developed pain in his back that soon extended into the left lower extremity. An 11/23/04 MRI showed a questionable broad-based L4-5 disk rupture reportedly extending to the right side (which was not the symptomatic side) by one examiner, and to the left side by another examiner. Epidural steroid injections were of no significant benefit. An EMG of the back and lower extremities was negative. On examination straight leg raising is positive on the right side only. The patient has had recent weight loss, which is unexplained.

### Requested Service(s)

Decompression L4-5 and 2-day inpatient stay.

### Decision

I agree with the carrier's decision to deny the requested surgery.

### Rationale / Clinical Basis for Decision

There is nothing on imaging reports or on examination to suggest pathology at a definite level which would be surgically correctable. There is some suggestion of symptom exaggeration by one of the examiners, and the patient's recent weight loss, which is on some concern to one of his primary treating physicians, has not been explained. This certainly needs to be looked into before a major operative procedure is pursued. Additional testing, such as lumbar CT myelography may be of help in coming to conclusions about the location of surgically correctable pathology in the lumbar spine, but the patient's signs and symptoms do not suggest that such a finding is going to be obtained. The patient's reluctance regarding surgery would be another factor in trying to avoid it.

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 4<sup>th</sup> day of November 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: \_\_\_\_

Respondent: Arch Ins, Attn Katie Foster, Fx 867-1733

Texas Department of Insurance, Division of Workers' Compensation: Fx 804-4871 Attn: