

**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**

November 7, 2005

**Re: IRO Case # M2-06-0111-01** \_\_\_\_

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 and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, 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 reports 8/17/05, 8/2/05
4. Case summary report 5/2/05
5. Summary of carrier position 10/7/05
6. Operative report for lumbar laminectomy and discectomy at L1-2 level 7/25/05, Dr. Kjeldgaard
7. Lumbar CT myelogram report 4/7/05
8. Lumbar MRI report 1/27/05
9. Operative report for ESI 6/21/05
10. Reports 2005, Dr. Kjeldgaard

### History

The patient is a 23-year-old male who in \_\_\_ was twisted, and developed pain in his back that soon extended into the left lower extremity. Physical therapy, medications and an epidural steroid injection were of no significant benefit. A 1/27/05 MRI suggested significant disk herniation at the L1-2 level. A 4/7/05 lumbar CT myelogram indicated the same pathology. There is some debate between treating physicians regarding whether a simple discectomy with decompression was indicated, or whether that plus fusion was indicated. On 7/25/05 lumbar laminectomy with discectomy and decompression was carried out. The patient did well post-operatively, gradually getting to the point that when he was seen by his surgeon on 9/20/05, he was released to his regular job on 9/21/05. The issue for this review is whether and L1-2 discectomy with fusion would be indicated.

### Requested Service(s)

L1-2 discectomy and transforaminal lumbar interbody fusion

### Decision

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

### Rationale

Based on the records provided for this review, a less invasive procedure was carried out, consisting of discectomy and decompression only. Based on the records, it appears that this was the proper approach to the patient's problem, although things might change in the future. It appears that the procedure performed was adequate in dealing with the patient's problem, and fusion was not necessary. In addition, there is nothing in the record to indicate a reason for fusion, such as instability or other changes at the operative level.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Sazy, Attn Kristi S. Fx 817-468-7676

Respondent: Albertson /FOL, Attn Katie Foster 867-1733

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