

**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**

November 3, 2005

**Re: IRO Case # M2-06-0118-01** \_\_\_\_, 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, Rule133.308 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. Medical record review 8/30/03, Dr. Crane
4. Review 11/2/01, Dr. Tomko
5. Reports on MRI evaluation (Radiology reports not provided) 4/17/01, 10/4/99
6. Electrodiagnostic report 8/25/04
7. IME report 2/19/04, Dr. Foon
8. Reports, Dr. Calodney 2004-2005

#### History

The patient is a 50-year-old female who in \_\_\_\_ developed neck and low back pain in association with repetitive twisting while at work. The back pain soon became minor compared to the neck discomfort, and the patient has developed pain not only in the neck, but also in both shoulders, and into the right upper extremity with associated numbness, and a feeling of general weakness. Physical therapy and injections have not been helpful. Electromyography on 8/25/04 did not show abnormalities, but the conduction studies at the same time showed bilateral carpal tunnel syndrome and ulnar pathology at the elbow to a mild extent. A cervical MRI on 10/4/99 showed minimal bulging, and a repeat study on 4/17/01 showed a moderate broad-based disk protrusion at the C4-5 and possibly the C5-6 levels. Distinct lateralization was apparently not present.

#### Requested Service(s)

Repeat cervical MRI

#### Decision

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

#### Rationale

Based on the records provided for this review, there has been no change on examinations, and the most recent EMG on 8/25/04 failed to reveal anything would indicate that the findings would be different on MRI. If symptoms had changed, or if there were something on examination that changed, supportive evidence on repeat EMG would possibly be helpful. If the EMG were now positive, CT myelography would be more appropriate than repeat MRI, because repeat MRI, in all medical probability would not have changed significantly.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Linda Anderson, PO Box 905, Hallsville, TX 75650-0905

Respondent: Federal ins. Attn Christine Karcher, Fx 214-748-4530

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