Envoy Medical Systems, LP
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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 18, 2005

Re: IRO Case # M2-06-0171–01 ___

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, 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. Letter from carrier's lawyer 10/18/05

4. Reports 2005, Dr. Fino
5. Lumbar MRI report 7/26/05

History
The patient is a 48-year-old male who in ___ was involved in a motor vehicle accident in which a dump truck rolled over on its side. The patient developed back and shoulder pain. The back pain became the major source of his problems. A 7/26/05 MRI of the lumbar spine showed no significant abnormalities, with a questionable annular tear at L5-S1 of questionable significance in relation to the patient's symptoms. The patient developed left lower extremity pain in addition to his back pain, along with leg spasms. Also, there was some tingling in the left lower extremity at times. Straight leg raising was positive on the left side, and there was some question of weakness of great toe dorsiflexion strength. On one examination on 9/28/05, it was noted that SI joint mobility was equal with forward flexion, and it was also indicated that there was "normal sacroiliac joint mobility bilaterally."

Requested Service(s)
Bilateral SI joint injection

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

Rationale
It is indicated by the patient's physician that there is nothing to suggest pathology at the sacroiliac joint level would be producing the patient's discomfort. In the records provided for this review there is no x-ray evidence of that being a potential source of pathology. Sacroiliac pathology does not produce radicular symptoms, which are a major part of this patient's pain pattern. In the records reviewed, there is nothing to suggest sacroiliac pathology as the source of the patient's discomfort; his discomfort is compatible with lumbar disk disease and radiculopathy.

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 21st day of November 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Fino, Attn Diane Gonzales, Fx 979-693-7574

Respondent: American Guarantee & Liability, Attn Katie Foster, Fx 867-1733

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