

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

November 18, 2005

Re: IRO Case # M2-06-0212-01

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. Reports 2004 -2005, Dr. Shalev
4. Discography evaluation

5. Cervical MRI report 8/20/04
6. Reports 2004 – 2005, Dr. Van Hal

History

The patient is a 49-year-old male who was injured in _____. The details of this injury and early treatment were not in the records provided for this review. Be that as it may, the patient continues to have neck pain, despite cervical facet blocks and epidural adhesiolysis, both of which gave only transient relief. An 8/20/04 MRI shows chronic changes at C4-5, C5-6, and C6-7, with the most prominent changes being at C4-5. The patient has a history of discography in 1993, after which the patient developed discitis at C4-5.

Requested Service(s)

INJ Diskograph cerv/thor, cervical diskogram, CT scan cerv spine , CNTRS

Decision

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

Rationale

Discography under this patient's circumstances could be more confusing than helpful. For instance, if there were positive findings on discography at joints other than the C4-5 joint, one certainly would not consider doing a major surgical procedure on this patient's neck without including C4-5, which is the most prominent areas of difficulty both by his history of infection and his MRI evaluation. Further, if all four levels were positive, surely one would not consider doing a four-level fusion. To repeat an examination that caused major difficulties in the past when the results of that examination are only questionable is contra-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 21st day of November 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. D. Shalev, Attn Mindy, Fx 972-980-0649

Respondent: Liberty Mutual Fire Ins, Attn Carolyn Guard, Fx 574-258-5349

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