

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

January 2, 2006

Re: IRO Case # M2-06-0301-01

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. Request for preauthorization for surgery 8/20/05
4. Reports 11/12/04, 3/13/05, Dr. Armstrong
5. Evaluations 9/22/05, 5/23/05, Dr. Hathaway
6. Reports, Dr. Henderson
7. Reports, Dr. McConnell
8. Lumbar discography report 3/11/05
9. Cervical MRI report 2/21/05
10. Lumbar MRI report 9/20/04
11. Radiographic/biomechanical reports cervical and lumbar spine
12. Reports 9/04, Dr. Miller
13. Operative report ESI 12/22/04
14. Lumbar spine x-ray report

History

The patient is a 56-year-old male who in ___ felt pain in his low back and fell backwards on a stairway. There was no neck pain initially, but left shoulder pain soon developed, with some neck discomfort. The shoulder discomfort led to arthroscopic surgery on 6/6/05. This was of some help. Back pain has continued, with some left lower extremity pain, and some neck pain. A 9/20/04 MRI of the lumbar spine showed multi-level disk disease, without any distinctly surgical pathology present. Plain x-rays of the lumbar spine have shown spondylolisthesis without distinct instability at the L5-S1 level. Lumbar discography on 3/11/05 was positive for concordant pain at the L5-S1 levels. Electrodiagnostic studies suggest right L5 radiculopathy. On examination there is no neurologic deficit, and by one examiner straight leg raising is negative.

Requested Service(s)

Anterior interbody fusion L5-S1, retractor exposure & discectomy L4-L5, additional L5-S1, anterior interbody fixation L4-5, additional L5-S1, posterior decompression L4-5, additional level L5-S1, transverse process fusion L4-5, additional level L5-S1, posterior internal fixation L4-S1, Bone graft, allograft.

Decision

I agree with the carrier's decision to deny the requested extensive anterior and posterior lumbar surgery.

Rationale

In the records provided for this review there is no evidence of significant nerve root compression in the areas where surgery is proposed. In addition, there is no evidence of instability, despite the findings on the plain films of Grade I spondylolisthesis. More evidence of surgically correctable pathology at the levels proposed for surgery is necessary before such a procedure should be pursued. Possibly CY myelography with flexion and extension views would be helpful in coming to conclusions, but it is likely that a relatively minor procedure would best be attempted before the relative major surgery that is proposed.

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 2nd day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Henderson, Attn Amada S., Fx 214-688-0359

Respondent: Commerce & Industry Ins. Attn Katie Foster, Fx 867-1733

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