

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2005

Re: IRO Case # M2-06-0307-01 ____

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. IRO summary 11/16/05 from carrier

4. IR evaluation 7/13/04, Dr. Hill
5. Report 5/27/04, Dr. Golovko
6. Reports 5/7/04, 4/29/04, Dr. Garland
7. Lumbar CT scan report 9/19/05
8. Lumbar MRI reports 5/8/04, 11/25/03
9. Lumbar spine x-ray report 3/9/04
10. Notes, Dr. Cable through 9/20/05
11. 1st report of injury ____
12. Notes, Dr. Viesca

History

The patient is a 41-year-old female who in ____ was pulling on a pallet jack several times and developed a burning pain in the low back, primarily to the left side. X-rays in the ER failed to reveal any significant abnormalities, and the patient was given medications. There was no history of any previous such difficulties. Some minor left thigh pain was reported by a pain specialist seen on 9/8/03, and because the pain had not been helped by physical therapy, epidural steroid injections were performed in October 2003. The patient has had continued pain. An MRI suggests the possibility of difficulties at L4-5 and L5-S1, with nerve root compression as the source of the patient's trouble. The patient has no neurologic deficit. There is nothing in the records provided for his review that indicates that an EMG was performed

Requested Service(s)

Bilateral lumbar facet injections L4-5, L5-S1

Decision

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

Rationale

Lumbar spine films, along with CT scan are normal in regard to any posterior element change, which would be compatible with pathology correctable by the proposed injections. The increased pain on extension alone is not enough to determine facet pathology. The patient has significant leg pain, and the proposed procedure is rarely helpful in dealing with that problem. With lower extremity pain being present, along with an MRI that shows possibly significant nerve root compression on the left side at both the L4-5, and to some extent, L5-S1 levels, directing therapeutic attention to lumbar disk pathology is more appropriate than the proposed blocks. Possibly more information could be obtained by electromyographic evaluation or CT myelographic evaluation. It is so doubtful that the proposed injections would be significantly beneficial for an extended period of time that they are not 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 30th day of December 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: American Home Assurance, Attn Raina Robinson, Fx 479-273-8792

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