

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

January 4, 2006

Re: IRO Case # M2-06-0351-01

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. Lumbar MRI report 6/14/05

4. Lumbar discography report 9/23/05
5. Reports 5/05 – 10/05, Dr. Raabe
6. UT Health Center at Tyler reports
7. Treatment memos 9/10/03, 7/8/03, 2/5/03

History

The patient is a 56-year-old male who in ___ slipped and fell into a drainage ditch. He developed back pain, which was treated conservatively. Records for those treatments were not provided for this review.

Reports from 2003 indicate that there were chronic changes in the lumbar spine shown on a 7/23/01 MRI, and that conservative measures, including epidural steroid injections, were not helpful. The next records provided are from 2005, and include a 6/14/05 MRI report, which shows chronic changes with moderate canal stenosis at L3-4 and L4-5. There was an L4-5 bulging disk, and a mild central protrusion at L5-S1. Lumbar discographic evaluation with CT scanning on 9/23/05 was positive primarily at the L5-S1 level, with the production of right low back, buttock and thigh pain on injection.

Requested Service(s)

Laminectomy and decompression L3-5

Decision

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

Rationale

The surgeon ordered a discogram, and on that discogram the patient's symptoms were distinctly produced at the time of injection at the L5-S1 level. In addition, on 10/6/05, the surgeon indicated that the patient's primary pain was in a distribution similar to that reported on the discographic injection at L5-S1. Despite this, the L5-S1 level is not included in the proposed decompressive operative procedure. Under these circumstances, more testing, probably CT myelographic evaluation, should be carried out before an operative procedure is pursued. Electrodiagnostic evaluation may also be helpful in reaching conclusions as to the levels at which surgery might be helpful.

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 5th day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. T. Raab, Attn Joyce Jones, Fx 903-592-6939

Respondent: Lumbermens Mutual Causalty/Crawford Attn R. Josey, Fx 346-2539

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