

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

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IRO Certificate #4599

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**NOTICE OF INDEPENDENT REVIEW DECISION**

January 11, 2006

**Re: IRO Case # M2-06-0375 -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. Evaluation 4/5/05, Dr. Bangale
4. Electrodiagnostic testing report 7/15/05, Dr. Kadir
5. Lumbar MRI report 7/1/04
6. Bone scan report 4/7/04
7. Lumbar x-ray report 3/14/05
8. Chart notes 2005
9. Pain medicine report, Dr. D'Agostino
10. Lumbar discogram report 8/24/05
11. Chiropractic reports
12. Reports through 11/11/05, Dr. Whitt

#### History

The patient is a 49-year-old male who in \_\_\_\_ was getting some tools when a forklift backed into his left side, knocking him against some boxes with his right side. He developed neck and back pain, and the back pain became the most prominent soon after the injury, and this was associated with some left lower extremity pain and some left hip pain. There is no history of any previous such trouble. Physical therapy, chiropractic treatment and epidural steroid injections in 12/04 and 2/05 were unsuccessful. An MRI of the lumbar spine on 7/1/04 showed no disk rupture, and only mild stenosis at L4-5, with other levels being normal. A bone scan plus an MRI has shown a left pelvic bone fracture, accounting some of the patient's discomfort. Lumbar discographic evaluation on 8/24/05 showed concordant pain at L5-S1 level only, but the description of this pain is not present, and there is nothing in the records provided that this caused the major complaint the patient has of pelvic and even abdominal discomfort.

#### Requested Service(s)

Anterior interbody fusion lumbar

#### Decision

I agree with the carrier's decision to deny the requested MRI the extensive anterior and posterior surgical procedures on this patient's L5-S1 disk.

#### Rationale

This proposed rather extensive procedure, that has known additional complications over what would be a less extensive procedure for changes on discography alone, is not indicated. There is no evidence on examination or imaging studies to suggest that the L5-S1 level is the source of the patient's trouble.

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.

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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 11<sup>th</sup> day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

Respondent: Zurich American Ins. Attn Katie Foster, Fx 867-1733

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