

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

January 6, 2006

Re: IRO Case # M2-06-0407 -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. Operative reports 10/24/03, 8/8/03, 4/18/03, Dr. Moorehead
4. Report 2/22/05, Dr. Nowland
5. DDE 9/24/02, Dr. Keichian
6. Letter 10/8/03, and reports, Dr. Francis
7. Lumbar MRI report 1/9/02
8. Lumbar CT myelogram report 10/6/03
9. D.C. reports, Dr. Cantu

History

The patient is a 58-year-old male who in ___ fell 12 feet from a ladder. The patient had a history of 12 years of lifting up to 100 pounds several times daily. The patient developed neck and back pain, with the back pain becoming prominent, and continuing despite chiropractic treatment, medications and physical therapy. A 1/9/02 MRI showed disk herniations at L5-S1 primarily, but also at L4-5, and an anterior discectomy and fusion was carried out to correct this on 7/18/03 at the lower two levels. Continued post-operative pain led to evaluations suggesting L4-5 instability, and this was corrected by pedicle screw fixation. Because of the continued trouble, CT myelography was carried out, showing rather severe stenosis at the L4-5 level. An EMG showed right L5 radiculopathy. For this, on 10/24/03 a lumbar hemi laminectomy with foraminotomy was carried out at the L4-5 level on the right side. Another operation is mentioned by Dr. Francis in his notes involving a procedure in February or March 2004 for repositioning of pedicle screws, but there is no report of that procedure, and there is no mention of it by others. Be that as it may, the patient continued to have back pain, with extension mainly into the left lower extremity. X-rays have revealed loose screws, especially in the sacral region, and there is probable pseudoarthrosis at the fusion sites, although this has not been definitely delineated.

Requested Service(s)

Lumbar myelogram L3-S1, lumbar discogram post CT scan L3-4

Decision

I agree with the carrier's decision to deny the requested lumbar discogram and post CT scan, and I disagree with the decision to deny the requested myelogram.

Rationale

CT myelography with flexion and extension views may well be helpful in determining the degree to which stenosis may be causing nerve root compression. In addition, it might reveal instability, either at the fused area, or at the L3-4 level.

With the patient having had multiple operative procedures on his spine, along with discography not being a reasonable diagnostic tool at the previously fused level, it is doubtful discography would be of any diagnostic benefit. In addition, single-level discography without control levels is rarely acceptable, because the production of concordant pain is the major part of the examination. Under the circumstance of the patient's multiple procedures, and the likelihood that more than one level might produce pain, surely an additional two levels of fusion would not be considered.

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 6th day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Francis, Attn Dolores, Fx 713-383-9376

Respondent: Lumbermens Mutual Casualty Attn R. Josey, Fx 346-2539

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