

**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**

February 7, 2006

**Re: IRO Case # M2-06-0471 -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. Recommendation 9/22/05, letter 10/11/05, Texas Back Institute
4. Lumbar Mri report 6/12/03
5. Lumbar discogram report 6/11/01
6. Follow up reports 9/22/05, 8/18/05, History & Physical Report 5/14/01, Dr. Rosenthal
7. Records 2000-2004, Dr. Sharma

### History

The patient is a 36-year-old male who was injured in \_\_\_\_\_. He was digging a hole and upon standing, developed severe low back pain, which extended into the left lower extremity. Physical therapy, medications and rest were not helpful, and on 8/20/99 a lumbar discectomy at the L4-5 level was carried out. There was no significant help secondary to the operation, and the patient has continued with physical therapy, including work hardening, over the past several years. A 6/11/01 discogram was positive at L4-5 and L5-S1, and negative at L3-4. Discography in preparation for possible disk replacement at the lower two levels of the lumbar spine has been recommended.

### Requested Service(s)

Lumbar discogram with post CT scan.

### Decision

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

### Rationale

The patient has had previous discography, which was positive at the L4-5 and L5-S1 levels, and based on the records provided, there has been no change in signs or symptoms to suggest that there would be any change on this occasion. In addition, discographic evaluation at the level of a previous discectomy is less diagnostic than would be desired. One can imagine that if discography in this individual were positive at levels other than L4-5, surely the surgeon would not recommend leaving the L4-5 pathology unattended to. The records show that there is enough pathology that is probably producing symptoms at both the L4-5 and L5-S1 levels that those levels would be attended to without more testing. Whether disk replacement or fusion is carried out would depend on the surgeon involved.

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 8<sup>th</sup> day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: \_\_\_\_

Respondent: Liberty Mutual, Attn Carolyn Guard, Fx 574-258-5349

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