

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

February 10, 2006

Re: IRO Case # M2-06-0512 -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. Cervical MRI report 10/11/05
4. Operative report 11/15/04
5. Report 8/23/05, Dr. Robinson
6. Discogram report 7/27/04
7. Notes 2004-2005, Dr. Zavala

History

The patient is a 49-year-old female who in ___ fell on a wet floor and developed back pain. The pain persisted with associated lower extremity discomfort, despite physical therapy, medications, rest and epidural steroid injections. A 7/7/03 MRI showed significant degenerative disease change at the L4-5 level, with significant bulging. Flexion and extension views showed significant instability, and discography on 7/27/04 was positive at the L4-5 level. The patient's back pain with lower extremity pain has continued, but the most significant pain at this time is apparently in the patient's neck, and somewhat into her upper extremities. An MRI of the cervical spine shows a possibly surgically correctable disk rupture at the C5-6 level, and a surgical procedure at this level has been considered.

Requested Service(s)

Repeat EMG/NCV lower bilateral extremities.

Decision

I agree with the decision to deny the requested lower extremity electrodiagnostic testing.

Rationale

There are no therapeutic decisions that would be based on the requested testing. The patient has had previous surgery in the lumbar spine, and the potential of the EMG being positive is significant; and the lack of a positive EMG certainly would not be a reason to eliminate the therapeutic suggestion of epidural steroid injections. In addition, the patient's primary trouble at this time seems to be the neck, and EMG evaluation of the lower extremities with conduction studies would not be helpful in coming to conclusions about what would be best for the neck. The proposed testing would not influence decisions regarding lumbar epidural steroid injections or neck surgery.

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 13th day of February 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Virginia Surety Co./Parker & Asso., Attn W. Weldon, Fx 320-9967

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