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

PH. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 25, 2006

Re: IRO Case # M2-06-0521 –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, Rule133.308 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. DDE reports 7/18/05, 1/17/05, Dr. Simonsen
4. Operative report 4/18/05
5. Electrodiagnostic test reports 1/18/05
6. Lumbar MRI report 8/19/04
7. Spinal x-ray reports 11/1/05
8. Lumbar myelogram report 11/1/05
9. Reports, Dr. Piskun
10. Reports, Dr. Archibald

History

The patient is a 35-year-old male who in ___ was unloading brake drums from an 18-wheeler to a pick up and developed back pain. He soon had left lower extremity pain in association with the back pain. The patient had a history of ACDF at three levels six weeks before this accident. Despite physical therapy, medications, ESIs, light duty and spinal cord stimulation, the patient's difficulty persists. On examination there is no reflex, sensory or motor deficit. Leg raising is negative. Discography was carried out, and this led to IDET, which was not helpful. X-rays, including myelography, show an L5-S1 spondylolisthesis with pars defects. A lumbar MRI also suggests L5-S1 difficulty, primarily on the left side. It has been indicated by examiners that surgery may be a logical pursuit, probably consisting of L5-S1 discectomy and interbody fusion, but this has not been pursued. I assume this has not been pursued because the patient is tolerating his discomfort, and continues to work at light duty, and his findings are not strongly indicative of nerve root compression. In addition to a negative neurologic examination, the patient has had a normal EMG.

Requested Service(s)

Warm and form brace (DME).

Decision

I disagree with the carrier's decision to deny the requested warm and form brace..

Rationale

Activity with motion is in the patient's back is a cause of increased discomfort, and this brace could be helpful, especially if the patient continues to work. If the brace is not significantly helpful within 5-6 weeks, surgery might be more strongly considered. The use of the brace could possibly prevent a surgical procedure, but it has no guarantee of being successful.

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 26th day of January 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: American Casualty Co of Reading, Attn James Cassidy, Fx 214-220-5614

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