

**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 10, 2006

**Re: IRO Case # M2-06-0530 -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. Report of medical evaluation 2/3/05, Dr. Medley
4. DDE 2/19/04, Dr. Knott
5. Operative report 5/24/04
6. Operative report of injections 12/20/04
7. Lumbar MRI report 9/30/04
8. Lumbar CT report 7/7/05
9. Lumbar myelogram report 9/13/05
10. Reports 2005, Dr. Henderson
11. Discography report 7/7/05

### History

The patient is a 40-year-old male who in \_\_\_ slipped and fell, landing on his buttocks. He developed back pain that soon extended into the left hip and down the left lower extremity. Physical therapy, rest and medications were of some benefit, but epidural steroid injections provided the most benefit and were helpful enough that a recommendation for surgery was avoided for several months. When the effect of the epidural steroids wore off, the patient's pain was such that on 5/24/04 an L5-S1 disk removal was carried out. Pre-operative imaging studies indicated the surgically correctable trouble. It is significant to note that while the L4-5 level was not operated on with disk removal, the pre-operative evaluation suggested that there was significant trouble at L4-5. That continues to be the case on the tests that have been performed since the surgery, showing recurrent disk rupture at L5-S1, and continued surgically significant disk trouble at L4-5. MRI, discography and CT myelography all suggest significant difficulty at the lower two levels of the lumbar spine, causing the patient's symptoms of continued back pain and primarily left lower extremity pain.

### Requested Service(s)

L4-5, L5-S1 Anterior interbody fusion, retroperitoneal exposure and discectomy, anterior interbody fixation, posterior decompression, transverse process fusion, posterior internal fixation; bone graft, allograft, autograft in situ, autograft iliac crest, bone marrow aspirate

### Decision

I agree in part and disagree in part with the decision to deny the requested surgery.

### Rationale

The proposed procedure is both anterior and posterior surgery with instrumentation, and not only interbody fusion, but also transverse process fusion. The posterior approach with decompression at the two levels, along with posterior or tranforaminal interbody fusion is indicated, based on the records reviewed. Whether or not lateral transverse process fusion should be carried out would depend on the circumstances at the time of surgery. Adding the anterior approach by way of retroperitoneal exposure, however, adds to the potential complications of the proposed surgical procedure without improving potential outcome.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Henderson, Attn Amada S 214-688-0359

Respondent: Travelers indemnity, Attn Jeanne Schafer, Fx 347-7870

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