

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

March 1, 2006

Re: IRO Case # M2-06-0712 -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 Physical Medicine and Rehabilitation, 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. Reconsideration request
4. Operative reports 12/7/05, 10/19/05, follow up note 2/14/06, Dr. Avila
5. Clinical notes 2/12/05, 10/27/05, 11/17/05, Dr. Strong

History

The patient was injured in ___ when he slipped and fell into a sewerage canal falling about five feet and landing on his back. He has most recently received pain management and chiropractic treatment. His diagnoses include lumbar radiculopathy / radiculitis, failed back syndrome, and a 360 degree fusion at L4-5, L5-S1 with cages. He is status post cervical fusion in 1988. He underwent implantation of a spinal cord stimulator on 10/19/05. The stimulator was removed on 12/7/05 due to a loss of therapeutic effect. Post-operative physical therapy services are requested.

Requested Service(s)

Physical therapy services for 3X per week for 4 weeks 1stv2 week, inferential, ultrasound, massages, 2nd 2 weeks, inferential, massage, aquatic therapy.

Decision

I agree with the carrier's decision to deny the requested physical therapy services.

Rationale

Post-operative physical therapy/rehabilitation is not indicated for the removal of a spinal cord stimulator, which is a subcutaneous procedure. The surgical procedures were carried out without complications or musculoskeletal compromise. The medical records provided for this review do not support the medical necessity of post-operative rehabilitation.

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 2nd day of march 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: S. Coast Spine & Rehab, Attn Norma Valladarez, Fx 956-548-0584

Respondent: TPCIGA for Western Indemnity Ins., Attn David Gellbach, Fx 502-4811

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