

**Envoy Medical Systems, LP**  
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**Austin, Texas 78758**

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**IRO Certificate #4599**

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**NOTICE OF INDEPENDENT REVIEW DECISION**

March 17, 2006

**Re: IRO Case # M2-06-0723 -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. DDE report 2/13/06, Dr. Hathaway
4. MRI right shoulder report 4/27/05
5. Thoracic MRI report 7/6/05
6. Cervical MRI report 5/16/05
7. MRI brachial plexus report 5/18/05
8. Electrodiagnostic test report 6/24/05
9. Notes June – December 2005, Dr. Dennis
10. Report 2/21/05, Dr. Sued

#### History

The patient is a 49-year-old female who in \_\_\_ sustained an electrical shock that threw her against something, hitting her in the back of her head and upper back. The patient developed arm pain with tingling and numbness in the right upper extremity. Shoulder pain was increased by movement in the shoulder. She has had a cervical MRI on 5/16/05 that was normal. In addition electrodiagnostic testing was normal with regard to nerve root compression. Right arm and shoulder pain has continued despite physical therapy and medication. At one point range of motion of the head and neck was limited, especially in turning to the right. Cardiac evaluation revealed no cardiac problems. The patient has been able to return to work, but she continues with discomfort in the right side of her neck, extending into her shoulder. Shoulder evaluation, including the MRI, has suggested pathology that might be causing symptoms, but nothing surgically correctable. Shoulder injections have only been transiently helpful. Because of the long term neck and shoulder pain on the right side, a repeat MRI of the cervical spine has been requested.

#### Requested Service(s)

Repeat cervical MRI.

#### Decision

I disagree with the carrier's decision to deny the requested repeat MRI.

#### Rationale

It has been nine months since her first MRI, and it is not at all unusual, even without a change of symptoms or the development of new findings on examination, to find correctable pathology on a repeat MRI that long after the initial onset of symptoms after an injury. Therefore, given the patient's continuing pain, a repeat MRI is reasonable and necessary.

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 20<sup>th</sup> day of March 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: TML Intergovernmental Risk Pool/City of Laredo, Attn Katie Foster, Fx 897-1733

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