

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

March 14, 2006

Re: IRO Case # M2-06-0734 -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 Anesthesiology and Pain Management, 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, including reviews 1/9/06, 12/13/05

3. Letter of medical dispute resolution 1/10/06, Letter of reconsideration 12/13/05, Dr. Potter
4. Review 10/8/05, Dr. Brenman
5. Initial H&P 12/16/04, and notes 2005, Dr. Potter
6. Operative report removal of internal bone stimulator battery
7. Medical records 2001 – 1003, Dr. Masciale
8. Discharge summary 12/3/01, Dr. Masciale
9. D.C. records 2000-2003, Dr. Walker
10. Diagnostic test reports
11. Physical therapy reports 2002

History

The patient is a 48-year-old male who sustained a back injury in _____. The patient had epidural steroid injections before an L5-S1 fusion was performed in November 2001. Extensive rehabilitation was performed. A caudal epidural steroid injection was performed on 6/30/05, and on 10/13/05.

Requested Service(s)

Caudal epidural steroid injection @ L5-S1 under fluoroscopic guidance and mac anesthesia.

Decision

I agree with the carrier's decision to deny the requested injection.

Rationale

There was 50% pain relief after epidural steroid injections for "several weeks" with transient decrease in medication requirements. The criteria mentioned by other reviewers for a third injection therefore have not been met. Since only transient relief occurred from the epidural steroid injection, it is not reasonable and necessary to perform a third injection.

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 14th day of March 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Pooter, Attn Melanie Gonzalez, Fx 361-882-5414

Respondent: Lumbermens Mutual Casualty, Attn Robert Josey, Fx 346-2539

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