

**Envoy Medical Systems, LP**  
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**NOTICE OF INDEPENDENT REVIEW DECISION**

April 13, 2006

**Re: IRO Case # M2-06-0810 -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. Medical conference notes, follow up notes 6/05 – 1/06, Dr. Rosenstein

4. Letter 2/17/06, C. Guard
5. Reports of carrier, Dr. Rangaswamy
6. Report 1/20/06, Dr. White
7. Report 12/29/05, H. Bergin

#### History

The patient is a 46-year-old male who was injured in \_\_\_\_\_. The details of that injury were not provided for this review. On 8/12/04 a right L4-5 microdiscectomy was carried out for back and lower extremity pain. Post operatively the patient did very well. He continued to do well, despite the discovery of a pseudomenigocele on a follow up MRI, which was obtained for reasons that are unknown, since the patient was doing very well and returned to work, based on the records provided. A 6/20/05 CT scan showed diminished size of the pseudomenigocele, and the patient remained without back or leg pain, and was working regularly. He remained asymptomatic on the note made by the P.A. on 12/28/05.

#### Requested Service(s)

Computed tomography, lumbar spine, without contrast @ L1-S1.

#### Decision

I agree with the carrier's decision to deny the requested CT scan of the lumbar spine.

#### Rationale

The patient is asymptomatic and doing well, and in all medical probability the results of the scan would not alter the course of treatment. In addition, pseudomenigocele over 1 ½ years in age are almost always stable in size, and without additional symptoms to indicate a change in size, re-imaging is not indicated.

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 17<sup>th</sup> day of April 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Rosenstein, Attn Jennifer Negri, Fx 817-465-2775

Respondent: Liberty Ins Corp/Liberty Mutual, Attn Carolyn Guard, Fx 574-258-5349

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