

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

April 5, 2006

Re: IRO Case # M2-06-0863 -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. Preauthorization request 1/20/06
4. Letters 1/11/06, 1/30/06, 2/7/06, Dr. Dennis
5. Report 8/15/05, Dr. Santos
6. Reports 3/25/05, 4/30/05, Dr. Obermiller
7. MRI reports and films 3/26/05, 1/6/05
8. X-rays of the lumbar spine with flexion and extension views
9. Bone scan report and films 2/9/05
10. Electrodiagnostic test report 11/4/05
11. Office visit reports, Dr. Dennis

History

The patient is a 42-year-old male who fell while checking something on his bus. He hit his back and left ankle. An ER visit led to x-rays, which showed degenerative disk disease in his lumbar spine. But the left ankle x-ray was normal. Physical therapy was pursued because of the patient's persistent discomfort, but this was not significantly helpful. After the patient developed left lower extremity discomfort in addition to the his back pain, an MRI was performed on 1/6/05. The MRI showed significant degenerative disk disease change at the L5-S1 level, with some similar difficulties at L4-5 to a less severe degree. A 2/9/05 bone scan was positive at the L5-S1 level, suggesting either infection or recent injury as a source of that abnormality. A repeat MRI on 3/26/05 showed continued difficulty, with bilateral foraminal narrowing at the L5-S1 level, and to a lesser extent at L4-5. I reviewed the films, and I agree with the reported interpretation. An 11/4/05 EMG suggested left L5 radiculopathy. The patient continues to have discomfort that significantly interferes with his ability to work.

Requested Service(s)

LAMI L4-5, L5-S1 DISC PLIF w ACBG plus pedicle screws (LOS 3-5 days).

Decision

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

Rationale

It is now well over a year since the patient's injury and he has continuing discomfort. The patient has changes on two MRI evaluations that suggest a reason for the continued discomfort, which is potentially surgically correctable by fusion. EMG evaluation suggests potential not only at the L5-S1 level, but also at the L4-5 level, and this, along with the changes on MRI at the L4-5 level make this level surgically significant, and it should be incorporated in any major surgical procedure dealing with the patient's lumbar spine problems. There is enough objective evidence of a potentially surgically correctable pathology that is frequently associated with pain production to make the proposed surgical procedures 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.

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 6th day of April 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: Laredo Transit/TML Intergovernmental Risk Pool/FOL, Attn Katie Foster, Fx 867-1733

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