

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

March 24, 2006

Re: IRO Case # M2-06-0916 -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, including reviews
3. Cervical MRI report and cervical spine film report 10/25/05

4. CT cervical myelography report 10/23/05
5. Report 10/12/05, Dr. Duarte
6. Report 10/20/05 and follow up notes, Dr. LeGrand
7. Report 1/20/06, Dr. Buck

History

The patient is a 62-year-old female who in ___ tripped in an elevator, hit her head and hyper-extended her neck. She has had neck pain with bilateral shoulder pain with some arm pain and numbness into the hand since that time. Physical therapy has not been beneficial. On examination, a well-healed anterior cervical scar is present, from an August 2003 ACDF at the C4-5, C5-6 and probably C6-7 levels. On examination there is no definite evidence of nerve root compression, but the general features of nerve root compression are present, along with positive carpal tunnel syndrome. Continued pain led to an MRI on 10/25/05, which at C6-7 shows bilateral synovial cysts and questionable nerve root compression. In addition, the C3-4 level shows some changes that are typical for changes above a fusion site, without any definite evidence of spinal cord or nerve root compression, although on the right side the neural foramen is compromised.

Requested Service(s)

EMG and NCV to bilateral upper extremities to rule out bilateral carpal tunnel syndrome.

Decision

I disagree with the carrier's decision to deny the electrodiagnostic testing.

Rationale

The records provided for this review do not indicate exactly what surgical procedure has been authorized on the patient's cervical spine. Based on the records provided, it would be necessary that the surgeon have all possible information that could be made available before undertaking any surgical procedure. It is unclear from the records provided what nerve roots might be involved. The performance of electrodiagnostic testing quickly shows "subclinical" evidence of nerve root compression in areas not suspected on examination. In addition, if CT evaluation by electrodiagnostic testing showed rather severe changes, the surgeon might perform the simple procedure of median release at the wrist before pursuing a major surgical procedure that would be required on the patient's neck.

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 27th day of March 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: ____

Respondent: SORM, Attn Jennifer Dawson, Fx 370-9170

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