

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2006

Re: IRO Case # M2-06-1059 -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. Carrier note to IRO 4/18/06

4. Lumbar CT myelogram report 2/1/06
5. Upper extremity electrodiagnostic testing report 12/28/05
6. 1996 notes, Dr. Tores
7. Notes 11/05 –3/25/06, Dr. Rosenstein

History

The patient is a 56-year-old male who was injured in in ___ when he was loading pipe. He developed back pain with shoulder pain, and some neck pain at that time. A subsequent injury in ___ increased the patient's neck pain, and lead to an ACDF at the C4-5 and C5-6 levels in November 1999. The patient continued with neck and low back pain. The last note provided for this review from the patient's neurological surgeon, dated 3/15/06, discusses the patient's neck problem only, and the patient's primary complaint on that visit was neck pain. The patient does continue with low back pain and lower extremity discomfort..

Requested Service(s)

Lumbar fusion, external bone growth stimulator, lumbar brace.

Decision

I agree with the carrier's decision to deny the requested lumbar multi-level fusion.

Rationale

There is nothing on any of the examination records provided for this review that suggests instability of the lumbar spine. The patient's last visit to the neurosurgeon for which records were provided strictly discusses neck pain, with the examination directed primarily towards the patient's neck. EMG evaluation was normal, despite some evidence of radiculopathy. A major operative procedure on the lumbar spine when there is a primary complaint of neck and shoulder pain, would be unusual, and would probably be associated with a very poor overall result for the patient.

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 3rd day of May 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

Respondent: Texas Mutual Ins., Attn Latrice Giles, Fx 224-7094

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