

Envoy Medical Systems, LP
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NOTICE OF INDEPENDENT REVIEW DECISION

May 27, 2006

Re: IRO Case # M2-06-1195 -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. Reports 8/25/05, 1/18/05, 10/1/04, Dr. Le Compte

4. Peer review 4/27/05, Dr. Baculi
5. Peer review 12/3/04, Dr. Kalisky
6. Pain management notes 1/06 – 2/06
7. Handwritten notes by psychologist

History

The patient is a 37-year-old male who in ___ suffered a crushing injury to his left shoulder, when a heavy object fell on him. Physical therapy was not successful in dealing with the trouble. An MRI showed a rotator cuff tear, and on 10/9/01 surgery on the left shoulder was performed. But during post-operative physical therapy, swelling and pain continued. The patient was treated with a variety of medications, and was evaluated by another orthopedic surgeon, which led to a repeat MRI, and a repeat surgical procedure on the left shoulder on 1/29/03. Electrical studies before that operation showed a suprascapular nerve entrapment. Despite all of this, the patient's pain has continued. He has undergone pain management evaluation, medications, psychotherapy and stellate ganglion blocks without significant help. A psychological evaluation was performed, and the psychologist approved a trial of a spinal cord stimulator. The patient continued with "complex regional pain syndrome," with the trial of the spinal cord stimulator not being successful. Approval was given for a trial of intrathecal morphine, and that was successful in dealing with the patient's pain to the point that permanent implantation of a morphine pump intrathecally was recommended.

Requested Service(s)

Implantation of programmable pump, implantation of intrathecal catheter, fluoroscopic mac anesthesia.

Decision

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

Rationale

The patient was given approval for the trial of morphine. The approval was given, assuming that if it were successful a permanent implantation of a morphine pump would be carried out. The patient has a long history of pain, and the only significant relief he has obtained was with the trial of morphine intrathecally. Therefore, the use of it on a permanent basis is indicated. The patient is taking a great deal of medication, and it is indicated in some of the notes that the medication is so great that it interferes with his daily activities. The morphine pump may well eliminate a lot of those medications and improve his activities of daily living.

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 30th day of May 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. R. Potter, Attn May de los Santos, Fx 361-882-5414

Respondent: LumbarmensMutual Casualty/Gallagher Basset, Attn Robert josey, Fx 346-2539

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