

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 27, 2006

Re: IRO Case # M2-06-1232 -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 records 2004 -2006, Dr. Greider

4. RME 3/1/06, Dr. Foox
5. DDE 12/20/05, Dr. Kumar-Misir
6. Lumbar CT scan report 6/16/04

History

The patient is a 51-year-old male who was injured in ___ when he was crushed between two heavy rolls of paper in a paper mill. He was taken to the hospital and remained there for eight days, with pain in his low back and pelvis, and with some urinary difficulties. He also developed some lower extremity discomfort posteriorly, especially on the right side. The difficulties with urination were not thought to be secondary to lumbar problems, but rather, secondary to pelvic fracture, along with a pubic diastasis diagnosed by x-ray of the pelvis on 7/14/04. Ct scanning, and MRI scanning of the lumbar spine was carried out on 6/16/04, and did not show any acute changes, but did show significant degenerative disk disease changes, especially at the L1-2, L4-5, and L5-S1 levels. The patient gradually improved. Back pain has continued with right lower extremity pain, despite epidural steroid injections and physical therapy. A repeat MRI of the lumbar spine on 12/27/04 showed no significant change, and once more failed to show any surgically correctable pathology. A sacroiliac injection on the right was helpful, and this led to fusion of the sacroiliac on the right side. Despite this, the patient's pain in his back, and extending into the right lower extremity, continues. On examination, there is only questionable sensory change, without any motor or reflex change, but straight leg raising is positive on the right side.

Requested Service(s)

Repeat MRI.

Decision

I agree with the carrier's decision to deny the requested repeat MRI.

Rationale

There is enough evidence for radiculopathy as a source of a significant part of the patient's difficulty that more testing is medically necessary. The medical records provided, however, do not indicate changes that would suggest that a repeat MRI might be more beneficial than the two that have already been done. Other tests that may be beneficial would include electrodiagnostic testing of the right lower extremity and paraspinus muscles, and a lumbar CT myelogram.

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. T. Greider, Attn Mark Amerman, Fx 713-790-7500

Respondent: Gray Ins, FOL, Attn Katie Foster, Fx 867-1733

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