

**Envoy Medical Systems, LP**  
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IRO Certificate #4599

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**NOTICE OF INDEPENDENT REVIEW DECISION**

June 20, 2006

**Re: IRO Case # M2-06-1288 -01** \_\_\_ amended 6/22/06

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. Report MRI lumbar spine 7/27/05

4. Carrasco Pain Institute Reports September – December 2005, 3/14/06
5. Texas Med Clinics Reports 2005 – 2006
6. Report 5/18/06, Dr. Roberts
7. Operative reports re injections September/October 2005, Dr. Carrasco
8. Employers first report of injury 4/2/05

#### History

The patient is a 54-year-old female who in \_\_\_ slipped from a carpet to a wet tile floor in a split position with one leg in front and one leg behind. She developed wrist, right knee and low back pain. X-rays did not show any fractures. Lumbar spine films did show degenerative disk disease changes. The patient returned to work with restrictions. Because of continued pain in her back with some lower extremity discomfort, an MRI of the lumbar spine was obtained on 7/27/05., which showed multiple levels of lumbar and lower thoracic spondylosis without significant stenosis. There was an annular tear L4-5 on the left. Spinal injections in September and October 2005 were not of significant help. The patient continues with left ankle discomfort, and this problem has interfered somewhat with physical therapy for her back. It also interferes with physical examination of the Achilles reflex. The remainder of reflexes, sensation and strength are normal. Straight leg raising is negative.

#### Requested Service(s)

Discogram L2-3.L3-4, L4-5 as control under fluoroscopy & post CT scan.

#### Decision

I agree with the carrier's decision to deny the requested discographic evaluation.

#### Rationale

There is no evidence on examination reports, MRI and plain x-ray reports to suggest pathology that would be revealed from discographic evaluation that would lead to any new therapeutic approach. If the patient were to have a positive EMG or flexion and extension views of the lumbar spine that showed instability, then perhaps something might be accomplished by discography, but a more likely tool of evaluation at that time would be an CT myelogram, looking for something that could be corrected surgically. The treating physician's reports do not indicate a therapeutic approach secondary to any particular discographic finding..

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.

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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 22<sup>nd</sup> day of June 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: \_\_\_\_

Respondent: Federal ins Co/Downs Stanford, Attn Christine Karzerz, Fx 214-748-4530

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