

**Envoy Medical Systems, LP**  
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**NOTICE OF INDEPENDENT REVIEW DECISION**

May 27, 2006

**Re: IRO Case # M2-06-1300 -01** \_\_\_\_ . amended 6/20/06

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. Lumbar MRI report 12/17/05

4. New patient report 3/14/06, follow up report 3/28/06, Dr. Guyer
5. Interim history and physical reports, for Dr. Stanton
6. Operative reports and discharge summaries for ESI and SI injections on 1/5/06 and 2/2/06
7. Review 2/8/06, Dr. Nachimson

History

The patient is a 45-year-old male who in \_\_\_ bent over to lift some mail, and felt a sharp pain in his low back. The patient has not worked since then because of continued pain, despite chiropractic treatment, physical therapy, medications, epidural steroid injections and blocks. The pain is increased with weight bearing activities. There is some left thigh paresthesia, but no pain or weakness is present in the lower extremities. Straight leg raising is only questionably positive bilaterally, producing lower back pain only. There is no reflex, sensory or motor deficit.

Requested Service(s)

Lumbar diskogram L2-3 – L5-S1.

Decision

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

Rationale

An L2-3 – L5-S1 discogram, covering multiple areas of the lumbar spine could very well be more confusing than helpful. A CT myelogram with flexion and extension views would be a more appropriate test that might be considered, especially since the patient has a significant element of "mechanical" back pain in his story. Areas of radiculopathy may be demonstrated by that examination in areas that are not significantly involved on the MRI.

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 21<sup>st</sup> day of May 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: New Hampshire Ins., Attn Mona Johnston, Fx 817-355-0666

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