

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

June 14, 2006

Re: IRO Case # M2-06-1320 -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 Physical Medicine and Rehabilitation, 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. Work Rehabilitation Assessment Psycho-Social History 3/30/06

4. Functional Assessment Report 3/14/06
5. RME 12/15/05, Dr. Williams
6. Peer review, Dr. McKechnie
7. Physical therapy records 5/31/05 – 5/9/06
8. Operative reports ESIs and TPIs 4/12/05, 3/29/05
9. MRI reports lumbar and thoracic spines 2/22/05

History

The patient injured her low back in ____ while attempting to lift a heavy box. MRIs on 2/22/05 revealed a small T2-3 central disk protrusion, and a large L5-S1 posterior central disk herniation. Epidural steroids injections gave her only minimal temporary relief. She was started in physical therapy in May 2005. On 6/9/05, she was diagnosed with herniated L5-S1 disk with radiculopathy. On 8/15/05 the patient underwent L5-S1 discectomy. She continued in physical therapy until 11/05 or 12/05. Further therapy was recommended and denied. On a 3/14/06 functional capacity evaluation the patient demonstrated the ability to dynamically lift 20 pounds, frequently lift up to 20 pounds, and occasionally lift up to 30 pounds. After a Work rehabilitation assessment and psycho-social history on 3/30/06 a work hardening program was requested by the patient's treating physician.

Requested Service(s)

24 sessions of work hardening.

Decision

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

Rationale

The patient underwent a micro-endoscopic discectomy on 8/15/05 after failing conservative treatment, including two months of physical therapy. She then completed four months of post-operative physical therapy. Her lifting abilities in the functional capacity evaluation placed her at a medium physical demand level. The most effective treatment for a patient such as this patient would be return to work with restrictions, and a gradual return to regular duty. This has been shown in the scientific literature to be effective than a formal work hardening program. The patient's psycho-social evaluation identified only mild to moderate depression. A reviewer for the carrier indicated that the patient did not have a job to return to. If this is the case, she should continue her home exercise program and follow up with her spine surgeon for continued persistent pain in the low back, that could possibly require further diagnostic testing or surgical treatment. At this point a work hardening program would not be medically necessary. After further surgical evaluation, it may be that treatment for chronic pain could be appropriate.

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 15th day of June 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Bandera Road Injury center, Attn Kimberly Driggers, Fx 210-521-4140

Respondent: Traveler's Indemnity Co., Attn Jeanne Schafer, Fx 347-7870

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