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**NOTICE OF INDEPENDENT REVIEW DECISION**

June 14, 2006

**Re: IRO Case # M2-06-1326 -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 Doctor of Chiropractic and is licensed in Texas, 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. Review 4/21/05, UniMed
4. RME report 10/21/05, Dr. Holloday

5. Initial FCE 9/14/05
6. MRI report lumbar spine 6/24/05
7. Radiology report lumbar and thoracic spine
8. First report of Injury
9. PT/WC/WH notes, 1st Aid Accident Injury Center
10. TWCC work status reports
11. Chronic pain evaluation 3/22/06
12. Initial exam report 1/13/06, Dr. Foster
13. EMG reports 1/13/06, 7/21/05
14. Report 1/15/06, Dr. Galbraith
15. Report 10/4/05, Dr. Padilla
16. Report, Dr. Farhat
17. Reports 7/12/05, 6/24/05, Dr. Aggarwal

#### History

The patient injured his thoracic and lumbar spine in \_\_\_\_ when he pushed and shoved a clothing rack. He sought chiropractic care, and has been treated with physical therapy, medication and an ESI. X-rays, MRI and EMG studies have been performed.

#### Requested Service(s)

Work conditioning daily x 4 weeks.

#### Decision

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

#### Rationale

The patient has had a very extensive trial of conservative treatment with minimal positive response. The medical records provided for this review fail to show that the treating D.C.'s treatment was beneficial, as it failed to give subjective relief of symptoms, failed to show objective improvement such as strength and ROM gains, and failed to return the patient to work.

Work conditioning programs are based on successful completion of previous conservative treatment, and in this case the previous conservative treatment failed to be beneficial.

The medical records indicate that the patient had a sprain/strain injury to the thoracic and lumbar soft tissues that should have responded to conservative treatment in 6-12 weeks. Twelve months after injury, the patient has made little, if any, documented progress. MRI, x-ray and EMG were basically normal.

There is evidence of symptom magnification, non-compliance with the treatment program, and dependence on medication and DMEs.

Based on the records provided, there is no indication for additional formal treatment of any kind, and a home-based exercise program and return to work would be medically 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.

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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 14th day of June 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: High Point Rehabilitation Institute, Attn Jana Neathery, Fx 817-417-8766

Respondent: American Home Assurance?ARCFMI, Attn Raina Robinson, Fx 479-273-8792

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