

Envoy Medical Systems, LP
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NOTICE OF INDEPENDENT REVIEW DECISION

August 17, 2006

Re: IRO Case # M2-06-1352 –01 ___ amended 8/22/06

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. South Texas spine clinic reports 8/16/05 – 7/13/06, Mostly from Dr. Pipkin
4. Report lumbar MRI 9/8/05

5. Letter 5/2/06, D. Morris
6. Letter 4/7/06, Dr. Murphy
7. Operative reports re: injections 3/29/06

History

The patient is a 56-year-old female who in ___ fell on a wet floor and developed immediate pain in her low back. This was soon joined by pain in the right lower extremity, and both of these pains have persisted. The patient has had considerable rest, medications and physical therapy with only brief benefit. Also of only brief benefit was an epidural steroid injection with trigger point injections on 3/29/06. A 9/8/05 MRI showed an L5-S1 midline and questionably left-sided disk herniation, which on subsequent review indicated more of a right-sided disk herniation, corresponding to her symptoms. In addition to the disk rupture, facet hypertrophy was present, causing probable nerve root compression at the L5-S1 level.

Requested Service(s)

Trigger point injection 1 or 2 needles, 3 or more muscles; lumbar/sacral transforaminal epidural injection.

Decision

I agree with the decision to deny the requested injections.

Rationale

The patient has had injections in the past that were only briefly beneficial. A 7/13/06 note by the surgeon indicates that ‘she wants to go ahead and pursue surgery.’ A surgical procedure with discectomy and decompression of nerve on the right side of her lumbar spine at the L5-S1 level has a better chance of giving significant relief than the proposed injections, especially since previous injections were only briefly beneficial. In addition, there is strong evidence on examination and imaging studies to indicate the nerve root compression is probably a significant source of her difficulty.

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 17th day of August 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Sentry Ins. Co., Attn Norma Brehm, Fx 480-860-7702

Texas Dept. of Insurance, Division of Workers' Compensation: Fx 804-4871