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**NOTICE OF INDEPENDENT REVIEW DECISION**

July 13, 2006

**Re: IRO Case # M2-06-1526 -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 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. Peer review 7/20/04, Dr. Syr
4. Lumbar MRI report 7/15/03

5. CT Myelogram report 10/4/02
6. RME 10/30/03, Dr. Machado
7. Operative report 4/15/03, Dr. Neidre
8. Reports 2004 – 3/26/06, Dr. Neidre

#### History

The patient is a 52-year-old male who in \_\_\_ tripped and re-developed severe back pain. The patient has a history of back pain back to 1985, when he underwent a lumbar decompression and fusion. The patient had intermittent difficulties after that, one being secondary to a fall in 1995. The patient continued with back pain after the 2001 injury, despite rest, ESIs and physical therapy. An October 2002 CT myelogram showed persistent L5-S1 pseudoarthrosis, which was originally diagnosed in 1995. To hopefully correct that problem, and to relieve his symptoms, an April 2003 anterior lumbar interbody fusion at L5-S1 was done, replacing the pseudoarthritic fusion. The pain persisted, and a 7/15/03 MRI showed anterior displacement of the graft material, but flexion and extension x-rays showed good stability of the spine. The patient has continued to have pain that requires medication. He also has a burning sensation into both lower extremities.

#### Requested Service(s)

Lumbar MRI.

#### Decision

I disagree with the carrier's decision to deny the requested repeat lumbar MRI with contrast.

#### Rationale

It has been three years since the patient's last such study, and he has symptoms that are certainly compatible with changes at the joint above his fusion. This is a typical problem that can occur in association with lumbar fusion. In addition, there are potential changes at the fusion site, which could be contributing to the patient's difficulty, and could be surgically correctable. There is no doubt that a repeat lumbar MRI is indicated.

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 14<sup>th</sup> day of July 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. A. Neidre, Attn Leticia Trevino, Fx 210-561-7240

Respondent: Dean Pappas for San Antonio ISD, Fx 374-0848

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