

**Envoy Medical Systems, LP**  
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**Austin, Texas 78758**

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**IRO Certificate #4599**

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**NOTICE OF INDEPENDENT REVIEW DECISION**

July 5, 2006

**Re: IRO Case # M2-06-1530 -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. Letter 3/28/06, Dr. Sahinler
4. DDE, Dr. Bangale
5. Lumbar MRI reports 6/17/05, 1/23/04
6. Report of lumbar spine films 11/10/05
7. EMG report 10/19/04
8. Report 2005, Dr. Qubty
9. Reports 2003 – 2006, Dr. Crow
10. Reports, Dr. Sahinler
11. ESI and facet block reports

### History

The patient is a 24-year-old female who in \_\_\_ was lifting a heavy person in transferring the person from a chair to a bed when she developed severe low back pain. This pain soon extended into the left lower extremity. Her discomfort was not helped by physical therapy, medications or rest. A 1/23/04 lumbar MRI showed a large L4-5 disk herniation on the left side. Continued physical therapy, with the passage of time, led to improvement in both the patient's back and left lower extremity pain. A 6/17/05 repeat MRI failed to reveal the same large disk rupture present at the L4-5 area, but merely a broad-based central disk herniation without canal or foraminal stenosis. The patient continued with discomfort, and facet blocks have led to transient relief of discomfort. She has returned to work, but she continues with significant pain. Her pain remains primarily back pain, increased with standing and back extension.

### Requested Service(s)

Bilateral lumbar RFTC.

### Decision

I disagree with the carrier's decision to deny the requested RFTC.

### Rationale

The proposed RFTC could make what was very successful by temporary blocks, a more permanent circumstance. The patient has improved in regard to her radiculopathy, but pain has continued, and certain activities suggest facet pathology as its source. In addition, the very adequate success of temporary blocks was such that a permanent obliteration of the nerves involved in those blocks may well be helpful in dealing with the pain.

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

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Zurich, Attn Katie Foster, Fx 867-1733

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