

**Envoy Medical Systems, LP**  
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**NOTICE OF INDEPENDENT REVIEW DECISION**

July 28, 2006

**Re: IRO Case # M2-06-1686 –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 Anesthesiology and Pain Management, 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 6/23/04, Dr. Blair
4. Review 4/25/05, Dr. McKechnie

5. Review 10/31/04, Dr. Rosenzweig
6. Response to peer review 4/4/05, Dr. Twigg
7. Requests for medical dispute resolution and reconsideration 7/13/06, 6/8/06, Dr. Jackson
8. Request for chronic pain management 4/26/06, James Flowers
9. Operative report 6/8/05, progress notes, Dr. Zolfoghary
10. Daily treatment notes, examination form, Advance treatment clinic
11. Letter 3/31/06, Dr. Twigg
12. Request for individual therapy 4/26/06, James Flowers
13. FCE reports 3/14/06, 11/8/05
14. Work conditioning notes

#### History

The patient is a 45-year-old female who has had persistent back pain since a \_\_\_\_2003 injury. Physical therapy, work hardening, epidural steroid injections and surgery (including micro discectomy with decompression at L4-5 and L5-S1 on 4/6/05) have been performed. A psychological evaluation, that based on the records provided for this review was performed without an MMPI, indicated that psychological issues are present, including anxiety and depression.

#### Requested Service(s)

20 sessions of chronic pain management.

#### Decision

I agree with the carrier's decision to deny the requested pain management program.

#### Rationale

Treatment with a tertiary modality is not reasonable and necessary when lower levels of treatment have not been performed. The 6/8/06 request for reconsideration states that "all lower levels of care have been exhausted," but that is not supported by the records provided for this review. The first line of treatment is oral antidepressants. A thorough psychological evaluation, including an MMPI-II is also indicated to determine if there are underlying and preexisting psychological factors that are barriers to recovery.

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 31<sup>st</sup> day of July 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Healthtrust Attn Courtney, Fx 713-527-8558

Respondent: Service Lloyds, Attn Robert Josey, Fx 346-2539

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