

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

August 7, 2006

Re: IRO Case # M2-06-1815 –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. Employers first report of injury
4. Reports, Dr. malinge & Dr. Benson, 6/30/06, 6/13/06

5. Request for reconsideration 6/22/06 with reports attached, Dr. Sazy
6. Reports 2003-2004, Dr. Becker
7. Lumbar discography report 21/8/04, Dr. Casey
8. Temporary spinal cord stimulator report 9/29/04
9. Operative report medial branch injections 8/6/04, Dr. Casey
10. Reports 2003, Dr. Payne
11. Lumbar CT myelography report 3/8/04
12. Reports, Dr.Chalifoux

History

The patient is a 58-year-old male who in 1999 was lifting boxes of paint and developed low back pain. This pain persisted despite conservative measures, including injections, physical therapy and medications. There is a history of an L4-5 lumbar surgical procedure with fusion. The patient's pain has continued despite multiple injections, including epidural steroid injections and facet injections. Also, in February 2002 lumbar interbody fusion with decompression at the L1-2 level was carried out without significant benefit. X-rays at this time indicate an L1-2 pseudoarthrosis, but this is not thought to be symptomatic. Lumbar discography was carried out and suggested L4-5 and L5-S1 as the area of pain generation.

Requested Service(s)

Lumbar TLIF L5/S1 with posterior spinal fusion L4-S1.

Decision

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

Rationale

An L4-5 fusion has been performed, and according to x-rays, including a 2004 CT myelogram, this area is stable, with no problem in the fusion. A problem in the fusion at L1-2 is present, and could be a source of low back pain, but this is not being considered in the proposed surgery. Discography is very unreliable when it is performed in areas of previous surgery, such as the area of the surgical procedure that was performed at L4-5, and therefore, any result in regard to concordant pain would be very questionable. There is a strong probability that the proposed operative procedure would not be beneficial because of the multiple other areas of involvement, and the lack of any evidence such as instability in the areas where surgery is proposed.

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 7th day of September 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Sazy, Attn Whitney T., Fx 817-468-7676

Respondent: Lockheed Martin, Attn Javier Gonzalez, Fx 394-1412

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