

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

September 20, 2006

Re: IRO Case # M2-06-1870 –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. Lumbar spine operative report 11/15/99
4. Request for reconsideration 7/18/06, Dr. Sazy

5. Lumbar flexion and extension x-rays 5/30/06
6. Notes 1999-2006, Dr. Sazy
7. Lumbar MRI report 4/8/98

History

The patient is a 60-year-old male who in 1998 was hit by a heavy automatic door and developed low back pain, extending into his lower extremities. Conservative measures failed to help, and on 11/15/99 the patient had laminectomy and fusion at L3 through S1. The patient apparently did well in the immediate post-operative period, but it is noted that starting in 2003 he felt discomfort in his back. Medications have been tried without help. X-rays in 2000 and 2001 showed the fusion to be in good condition, as did x-rays in 2005 and 2006. Flexion and extension views in 2006 failed to reveal any abnormal motion.

Requested Service(s)

CT lumbar myelogram w/flex & ext.

Decision

I disagree with the carrier's decision to deny the requested CT myelogram with flexion and extension.

Rationale

While the flexion and extension views that were obtained with plain x-rays did not show any mobility, I have on occasion seen changes that would suggest a reason for pain in the form of minor instability as evidenced on myelographic flexion and extension views that were not seen on the same views on plain x-rays. In addition, this patient has had persistent pain for several years, and there is nothing to suggest a problem within the fusion, although this too could be seen on myelographic evaluation, as opposed to plain x-rays. It is well known that the areas adjacent to fusion are more stressed because of the fusion and pathology in the area, especially the area just above the fusion, which in this case would be L2-3. This may well be seen on myelographic evaluation, and could account for symptoms that could perhaps be relieved by an additional surgical procedure.

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 20th 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: Connecticut Indemnity, Attn Tom Lang, Fx 452-7004

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