

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

September 18, 2006

Re: IRO Case # M2-06-1880 –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 to IRO 8/16/06, Dr. Enabnit
4. DDE 5/19/06, Dr. Kalina

5. Reports MRI lumbar spine 7/19/05, thoracic spine 7/22/05, cervical spine 7/22/05
6. Electrodiagnostic testing report 6/30/05, Dr. Cook
7. Accident & Injury Center reports 4/14/05 – 7/21/06
8. Report 11/22/05, Dr. Francis
9. Pain management report 4/3/06, G. Iles
10. ER record 4/14/05

History

The patient is a 39-year-old male who in ____ 2005 was restraining a juvenile and fell to the floor with the juvenile on top of him. The patient developed neck and back pain, and these have persisted. X-rays taken in the ER on the day of the injury revealed no significant abnormalities secondary to the injury, but did show some chronic changes, with lumbar scoliosis. The patient was given medications, and physical therapy was initiated, but the patient did not improve. A 6/30/05 EMG showed right L5-S1 radiculopathy, which corresponded to the patient's symptoms of back and lower extremity pain. A 7/19/05 MRI showed a 2mm, broad-based bulge at L4-5, and significant narrowing at L5-S1. The patient had facet injections in August, September, October, November, and some in December 2005, without significant help, and his discomfort continued. Epidural steroid injections were recommended, but the records provided for this review do not indicate that they were done.

Requested Service(s)

Spinal decompression therapy

Decision

I disagree with the carrier's decision to deny the requested spinal decompression therapy.

Rationale

While the requested treatment is rarely completely successful in dealing with a patient's back and lower extremity discomfort, a very high percentage of patients indicate improvement in their symptoms. Complications suggested by those disagreeing with the proposed treatment would not be from the proposed decompression unit, but rather would be from the natural course of the disease process. The patient has had 16 months of continued discomfort despite extensive conservative measures, and he is not a "straightforward" surgical candidate. Therefore, the requested addition to his conservative treatment program 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 19th day of September 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Enabnit, Attn Lori or Grag, Fx 409-842-9190

Respondent: SORM, Attn Jennifer Dawson, Fx 370-9170

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