

Envoy Medical Systems, LP
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NOTICE OF INDEPENDENT REVIEW DECISION

September 22, 2006

Re: IRO Case # M2-06-1899 –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. Evaluation 2/18/05, Dr. Kirkwood
4. RME 8/26/04, Dr. Hill

5. Reports 2004-2006, Dr. Barker
6. Orthopedic consult report 1/27/06, Dr. Rabucan
7. Lumbar x-ray report 2/22/04
8. Lumbar MRI report 6/9/04
9. Electrodiagnostic testing reports 10/5/04
10. ER report 2/22/04
11. Operative reports ESIs, facet blocks

History

The patient is a 57-year-old female who in ____ 2004 fell to the floor on her right side when a table that she was leaning on broke. She developed low back pain, with pain into her lower extremities. There was no history of such discomfort. ER consultation led to x-rays, which were essentially negative, and a diagnosis was made of lumbosacral strain and right hip contusion. She was given medications and a work restriction not to lift more than 25 pounds. The pain has continued despite ESIs, facet injections, physical therapy, rest and medications. A 6/9/04 lumbar MRI showed an L5-S1 disk protrusion of significance, and to a lesser degree the same thing at L4-5 with some anterolisthesis at the L4-5 level. The patient continues to need Oxycontin and hydrocodone prn for her pain, and a surgical procedure has been recommended.

Requested Service(s)

Decompression L5 root bilateral posterior fusion and screw instrumentation.

Decision

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

Rationale

There has been no imaging in the past 2 ½ years, and additional imaging may be significant in coming to conclusions about what operation might be necessary. In addition, flexion and extension views, with or without myelographic evaluation, may be helpful in reaching those conclusions. Also, the patient's general medical status is such that an operation is a bit more dangerous, and therefore with a lower chance that the operation will be successful, it is not indicated at this time.

The proposed operative procedure is at one level, with the most significant possible level of trouble, the L4-5 level, not to be addressed. Fresh imaging may change that opinion. It is also significant that there is nothing on examination or electrodiagnostic testing to indicate nerve root compression.

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 27th day of September 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

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

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