

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

November 17, 2006

Re: IRO Case # M2-07-0021 –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. DDE 6/27/06, Dr. Carter
4. DD report 2/13/06, Dr. Ochoa

5. Reports 1/4/06 – 9/11/06, Dr. Urrea
6. CT cervical myelogram report 9/22/06
7. Left shoulder MRI report 2/6/06
8. FCW 11/3/05
9. D.C. reports 2005 –2006
10. Thoracic MRI report 12/6/05
11. Electrodiagnostic test report 21/8/05

History

The patient is a 42-year-old female who on _____ developed upper thoracic and neck pain associated with lifting and throwing supplies on a truck. She has had multiple chiropractic treatments, injections, physical therapy and various medications, but her pain continues. There has been shoulder pain for which pathology was diagnosed, and she received injections to her shoulder, but that has not helped her shoulder pain, which is on the left side and is thought possibly secondary to disk disease and nerve root compression. Regarding the potential of cervical spine trouble, the patient has had what is reported by a designated doctor, a cervical MRI that showed a small central 5-6 disk rupture without nerve root or spinal cord compromise. Her physical examination has been reported as showing hyper-active reflexes throughout, suggesting myelopathy by one examiner, but two other examiners found the reflexes to be normal. The cervical CT myelogram report suggests C6-7 as the primary area of possible pathology.

Requested Service(s)

C5-6 anterior cervical discectomy with fusion.

Decision

I agree with the carrier's decision to deny the requested C5-6 operative procedure..

Rationale

Nothing on examination suggests the C5-6 level as the source of the patient's pathology, and the CT myelogram report indicates that the C6-7 level is more potentially pathological than the C5-6 level. Before a major cervical procedure is performed on this patient in hopes of dealing with her trouble, repeat testing, including cervical MRI and electrodiagnostic testing, and a thorough neurological examination should be performed. Distinct variations between examiners regarding the patient's signs of myelopathy and/or radiculopathy, along with variation between the myelographic report that showed C6-7 as the primary involved area, and the surgeon's recommendation for a C5-6 operation, make it impossible for one to agree on any surgical procedure at this time.

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 November 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Respondent: St Paul Travelers, Attn Jeanne Schafer Fx 347-7870

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