

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 6, 2006

Re: IRO Case # M2-07-0128-01 _____

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. Report 5/8/06, 1/18/06 Dr. Higgins
4. RME 1/27/05, Dr. Foox

5. DDE 6/14/05, Dr. Arrando
6. CT scan cervical spine 5/18/04
7. Cervical spine flexion and extension x-ray 7/1/05
8. ACDF C4-5, C5-6 levels operative report 4/14/03
9. Reports 8/30/06, 7/26/06, 5/17/06, Dr. Milani
10. Cervical MRI report 6/13/06
11. Cervical myelography report 7/1/05
12. Neurosurgical reports 2004

History

The patient is a 68-year-old female who in 2004 slipped and fell, hitting her head on a chair. She developed neck and right shoulder pain, with numbness of both upper extremities. There was a history of a C4-5 and C5-6 ACDF for neck and arm pain in April 2003. Her symptoms and examination pointed to right-sided difficulty, especially at the C6 nerve root level. On 7/1/05, flexion and extension views of the cervical spine showed no instability. A 6/13/06 MRI showed a left C6-7 problem, with some question of difficulty at the C7-T1 level also.

Requested Service(s)

Cervical hardware removal & instrumented C6-7 fusion.

Decision

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

Rationale

There is nothing on examination or imaging studies that corresponds to the primary discomfort, which is in the neck, and right shoulder and arm region. In addition, there are changes at the C7-T1 level that could be accentuated by fusion at the level above, especially in view of the fact that two levels above that fusion have already been fused. There are changes on EMG at the right C6 nerve root level, which is the level of previous pathology, and probably is a finding that is secondary to the previous trouble. With the lack of findings suggestive of surgically correctable pathology in an area that would be corrected by the proposed surgery, the possibility of failure is such that the surgical procedure wouldn't be indicated.

The removal of the hardware would be associated with the fusion at the level below the hardware, and its removal is not otherwise 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 7th day of December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Respondent: Zurich American Ins, attn Katie Foster, Fx 867-1733

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