

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 7, 2006

Re: IRO Case # M2-07-0214-01 _____

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. Medical evaluation 6/29/06, Dr. Machado
4. Reports 4/20/06 – 8/3/06, Dr. Francis

5. Lumbar discogram with CT report 7/21/06
6. Lumbar MRI reports 5/5/06, 3/11/05, 12/15/05
7. Electrodiagnostic testing 3/24/05
8. Lumbar laminectomy operative report 8/23/05
9. D.C. reports and 11/30/05 FCE, Dr. Guajardo

History

The patient is a 52-year-old male who in _____ was lifting heavy boxes of cookware and developed low back pain, with numbness in the lower extremities. This pain persisted despite conservative measures, and an MRI suggested both L4-5 and L5-S1 disk herniations with possible nerve root compression. For this, on 8/23/05 the patient underwent lumbar laminectomy and decompression at both the L4-5 and L5-S1 levels, with discectomy at the L5-S1 level. He did not improve, and despite continued conservative measures, including epidural steroid injection, the patient's discomfort has continued in his low back primarily, with extension into both lower extremities. Repeat MRIs have shown potential recurrent disk rupture at the L5-S1 level, with the L4-5 showing some chronic changes of a possibly pain-producing nature. Lumbar discography has been carried out on two occasions, the latter with a control level at L3-4. On both of these occasions there was concordant pain and morphologic changes at L4-5 and L5-S1 compatible with disk pathology as a source of the patient's pain.

Requested Service(s)

Posterior spinal fusion L4-S1 ICBG, pedicle screws/rods, anterior spinal fusion L4-S1, synthes ccalif, AO1 screws, LSO brace, cryo unit x 10 days rental, bone growth stimulator.

Decision

I disagree with the carrier's decision to deny the proposed surgery and related services.

Rationale

While there are some spinal surgeons who would approach this problem in a different manner technically, the proposed procedure is a reasonable approach to try to deal with the patient's discomfort. To solidify the fusion at the two levels, the posterior instrumentation is indicated. Also the bone growth stimulator may be helpful in the fusion and in the post operative rehabilitation that will probably be necessary to get the patient back to functional capacity.

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 11th day of December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor:

Respondent: Texas Mutual Ins Co, Richard Bell 224-7094

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