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**NOTICE OF INDEPENDENT REVIEW DECISION**

December 7, 2006

**Re: IRO Case # M2-07-0265-01 \_\_\_\_\_**

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. Notes 1/16/06, Walker Chiropractic
4. Reports 2006, 8/30/05, Dr. LeGrand

5. Lumbar spine reports 9/7/06
6. Lumbar myelogram w CT report 8/4/06
7. Notes 9/06, Dr. Bennett
8. Lumbar MRI report 9/28/06

#### History

The patient is a 60-year-old female who in \_\_\_\_\_ was lifting heavy bags and developed low back pain and bilateral leg pain, worse on the left side. She had no history of previous such difficulty. She was better with medications and chiropractic help. Some continued discomfort led to additional testing, which included a lumbar MRI on 8/4/06, showing primarily L2-3 and L3-4 difficulties, but with spondylitic facet joint pathology at the L4-5 and L5-S1 levels. A 9/28/06 MRI showed a rather large L2-3 lateral disk rupture on the left side, with nerve root compression

#### Requested Service(s)

Lumbar laminectomy with fusion.

#### Decision

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

#### Rationale

The patient's problem was an acute one, without previous back difficulties, and certainly suggests disk herniation as a primary source of her trouble. Her discomfort has primarily been on the left side. There are changes on MRI and myelography, which suggest the potential of disk rupture and nerve root compression on the left side at L2-3. There are pathological changes already present at the levels below the proposed fusion, and the accentuation of that process is more likely with fusion above those levels. A less invasive procedure of disk herniation removal with nerve root decompression as the initial means of dealing with the problem might be considered. The chronic changes at the proposed levels of fusion have been present for a much longer time than the patient's present symptoms, and were not apparently symptomatic before the injury, which apparently created a disk herniation.

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.

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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 11<sup>th</sup> day of December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Respondent: Hartford Underwriters Ins. Co., Attn Barbara Sachse, Fx 343-6836

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