

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 21, 2006

Re: IRO Case # M2-07-0410-01 _____

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 Physical Medicine and Rehabilitation, 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. Office visit notes 11/1/05 – 11/7/06, Dr. Earle
4. Operative reports 11/25/05, 6/2/06, Dr. Earle

5. Initial consult note and follow up clinic note 5/26/05, 7/25/05, Dr. Dar
6. Medical records 1/11/06 – 9/27/06, San Antion Spine & Rehab
7. FCE reports 7/21/06, 8/21/06, 9/21/06
8. Work hardening assessment

History

The patient was dumping concrete into a dumpster in _____ when he felt a pop in his back and acute pain in his low back that radiated into both legs. He was treated conservatively for over a year with physical therapy, chiropractic and injections. He was referred to a spine surgeon on 11/1/05. His MRI showed disk herniations at L4-5 and L5-S1. He underwent discectomies with laminectomies and fusion at L4-5 and L5-S1 on 11/25/05. he also had an EBI transmitter unit implanted. On 6/2/06 he underwent surgery to remove the EBI transmitter, as well as repair a pseudoarthrosis at L5-S1. He then participated in 36 sessions of post-operative physical therapy with his treating chiropractor.

Requested Service(s)

30 sessions of work hardening

Decision

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

Rationale

The patient has completed 36 sessions of post operative physical therapy without any meaningful improvement. The functional abilities evaluations note the maximum weight lifted of 3 pounds with dynamic waist to shoulder, waist to over head, floor to waist and dynamic carry in July and again in August. In the September evaluation he was unable to perform the test. His spine surgeon recommended retraining with the Texas Rehabilitation Commission for a "less arduous job." He did not seem to recommend the patient's return to his original job. Furthermore, there is no FCE or documentation of his current or required physical demand level. His functional deficits preventing him from returning to work are not documented.

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 December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: San Antonio Spine and Rehab, Attn Lori, Fx 210-921-0398

Respondent: Zurich American ins. Attn Katie Foster, Fx 867-1733

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