

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

January 14, 2007

Re: IRO Case # M2-07-0480 – 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. Concentra report
4. Letter to IRO 12/20/06, Texas Mutual

5. Lumbar MRI report 5/11/06
6. Reports, Dr. Gordon
7. Electrodiagnostic testing report 7/17/06
8. Pain management reports, Dr. Michaels
9. Epidural steroid injection reports, Dr. Michaels
10. Reports, Dr. Morris

History

The patient is a 30-year-old obese male who in _____ was driving a truck that was rear-ended by another truck, and forced him into an automobile in front of him. The patient went to the ER three days later because of pain in his entire spine region. This led to chiropractic treatment, physical therapy and additional consultation. A 5/11/06 MRI showed probable disk rupture at the L5-S1 level. Pain management was consulted, and this led to cervical, thoracic and lumbar epidural steroid injections. The cervical and upper thoracic steroids were helpful, but the lumbar ESI was not successful, and the pain continues in the patient's low back, and into the left lower extremity. A 7/17/06 EMG shows evidence of L5 radiculopathy on the left. The patient's discomfort in other areas of the spine were apparently helped by the ESIs, since the September 2006 evaluation does not mention areas other than the low back and left lower extremity. On examination in September 2006, there was a questionably diminished left Achilles reflex, and a deficit to pinprick in the left L5-S1 distributions, and positive straight leg raising.

Requested Service(s)

Left L5-S1 microdiscectomy

Decision

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

Rationale

The patient's pain has persisted despite chiropractic treatment, physical therapy and epidural steroid injections. In addition, EMG, MRI and physical examination suggest nerve root compression by disk herniation as the likely source of the patient's discomfort. The MRI report indicates a lateral disk herniation at L5-S1, and, therefore, L5 nerve root compression as evidenced on the EMG is more likely.

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 22nd day of January 2007.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Respondent: Texas Mutual Ins Co, Attn Richard Ball, Fx 224-7094

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