

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

December 28, 2006

Re: IRO Case # M2-07-0493 – 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 12/12/06, Dr. Padgett
4. Notes 2005-2006, Dr. Zigler

5. Lumbar discography report 5/18/06
6. Lumbar MRI reports 3/23/04, 5/17/05
7. Operative report 7/11/05, Dr. Zigler

History

The patient is a 24-year-old male who in ___ was lifting a printer and developed back pain. This back pain persisted and extended into both hips. Physical therapy, medications and rest were not helpful. A 5/17/05 MRI showed midline disk herniation at the L5-S1 level, and for this, on 7/11/05 an L5-S1 discectomy was carried out. The patient was better initially, but in three to four weeks his pain again increased in association with some event during physical therapy. He has had continued discomfort despite more physical therapy, medications and rest. A 3/23/06 MRI showed significant scar formation, with only questionably significant recurrent disk rupture. Discography on 5/18/06 was only positive at the L5-S1 level.

Requested Service(s)

Lumbar arthroplasty L5-S1

Decision

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

Rationale

Based on the records provided for this review, it is medically probable that posterior element pathology in the lumbar spine is a contribution to the patient's discomfort, despite the discography result. In addition, there is some question of recurrent disk herniation in association with the scar. The more standard procedure for a problem such as this, consists of lumbar interbody fusion with radical discectomy. The question of transitional joint difficulties in the future is certainly a concern, but that concern would be less than the concern with pathology being present that would not be corrected by disk replacement.

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 28th day of December 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Texas Back Institute, Attn Cory, Fx 972-608-5184

Respondent: West TX Educational Ins. Attn Linda Madsen Fx 903-509-1888

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