



IMED, INC.

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DATE OF REVIEW: 07/19/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: The emergency room visit of 12/25/06.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:

Texas License and currently on TDI DWC ADL
Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld – The denied amount of \$2787.80 is upheld.

Primary Diagnosis Code	Service Being Denied	Type of Review	Units	Dates of Service	Amount Billed	Date of Injury	Claim No.	Upheld/ Overturned
722.91	36415	Retro	1	12/25/06	\$23.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	80053	Retro	1	12/25/06	\$410.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	85025	Retro	1	12/25/06	\$177.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	85615	Retro	1	12/25/06	\$133.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	70376	Retro	1	12/25/06	\$116.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	70450	Retro	1	12/25/06	\$596.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	72125	Retro	1	12/25/06	\$596.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	90772	Retro	1	12/25/06	\$104.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	99283	Retro	1	12/25/06	\$529.00	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	J1100	Retro	1	12/25/06	\$ 33.60	xx/xx/xx	xxxxxxxxxx	Upheld
722.91	J1885	Retro	1	12/25/06	\$ 70.20	xx/xx/xx	xxxxxxxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 03/31/05 – LLP.
2. 01/18/05-04/07/05 –
3. 07/05/05-06/21/06 –

4. 03/30/06 – Peer review, M.D.
5. 12/25/06 – the Center.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured when he fell onto his neck on xx/xx/xx.

I have reviewed records indicating cervical and shoulder pain without requirements for surgery.

The employee was under the care of Dr. for pain medications. Pertinent records indicate that the employee was seen in June, 2006 for cervical and left shoulder pain. The records indicate the employee has been in a detoxification center for excessive use of pain medication with continued neck and mid thoracic pain radiating to the left arm. He was apparently receiving pain medications from other physicians. Dr. recommended that the employee continue on his medications, but be treated by other physicians, and he was discharged from that clinic at that time because of his treatment with other doctors.

The next report indicates an emergency room visit on 12/25/06 to the Center. It appears that the employee presented with complaints of numbness to the left side of his head down to the left side of his body and extremity with onset of two hours. Records also indicate that the employee also had a chief complaint of slurred speech and aphasia. A CT scan was performed of the brain and neck, which were unremarkable. Labs were drawn. The employee received Toradol and Decadron. It appears he was not given any prescription medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

It is my opinion that the 12/25/06 onset of symptoms is not related to the compensable injury as described. There was no mention of a new fall or any other trauma, simply the onset of left sided numbness and tingling. In all likelihood, this does not represent anything which has to do with the compensable injury, although it is reasonable for this employee to be checked under his health insurance to secure the cause of the related emergency. However, I do not find the admission to the emergency room to be related to the injury. This may be a situation in which there is drug seeking behavior, in which this visit would not be reasonable or necessary as well. There were no records to review between June and December, 2006.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

A. *Official Disability Guidelines*