



IMED, INC.

1819 Firman • Suite 143 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

NOTICE OF INDEPENDENT REVIEW

NAME OF INJURED WORKER: _____
IRO TRACKING NUMBER: M2-06-1196-01
NAME OF REQUESTOR: Ryan Potter, M.D.
NAME OF CARRIER: Pacific Employer's Insurance Company
DATE OF REPORT: 05/15/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX TO:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by an M.D. physician reviewer who is Board Certified in the area of Pain Medicine and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the provider, the injured worker, injured worker's employer, the injured worker's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

- MRI dated 12/20/00.
- EMG/NCV dated 01/09/01.
- Nerve conduction velocity test dated 11/07/03, which evaluated the right lower extremity and left lower extremity.
- Lumbar epidural steroid injections dated 03/20/05, 07/25/05, and 10/27/05.
- Office note dated 02/10/06 indicated prescription medications of Duragesic, Ambien, Prozac, and Celebrex.
- Denial letters from Intercore for requested procedures of 02/10/06, 03/17/06, and 03/28/06.

Clinical History Summarized:

The injured worker, ____, developed difficulty with low back pain when he was working with a truck that began to reverse and struck his right tibia.

On 12/20/00, a lumbar MRI was obtained, which revealed evidence for a disc bulge at the L4-L5 disc level. There were also findings consistent with a mild degree of central spinal canal stenosis at the L5-S1 level.

The injured worker was evaluated by Dr. Potter on 04/24/01 and diagnosed with a left S1 lumbosacral radiculopathy. It was recommended that the injured worker receive a therapeutic injection in the form of a left S1 transforaminal epidural steroid injection.

An electrodiagnostic assessment report was available for review dated 01/09/01, which evaluated the right lower extremity. This study revealed no findings consistent with an active radiculopathy. Nerve conduction testing revealed findings, which could be secondary to “a mild sensory peripheral neuropathy”.

A nerve conduction velocity test on the right lower extremity and left lower extremity was accomplished on 11/07/03. This study was reportedly consistent with a bilateral L5 and S1 radiculopathy. However, it should be noted that an electromyogram was not accomplished on this date.

The injured worker was reevaluated by Dr. Potter on 02/10/06. It was recommended that the injured worker receive treatment in the form of a left L5-S1 transforaminal ESI. It appeared the injured worker had previously received lumbar epidural steroid injections on 03/20/05, 07/25/05, and 10/27/05. The office note of 02/10/06 also documented that the injured worker was on prescription medication regimen of Duragesic, Ambien, Prozac, and Celebrex.

There was a denial of services by Intercore for the requested procedure of 02/10/06. The denial letters from Intercore were dated 02/28/06 and 03/17/06.

Disputed Services:

Would the request for transforaminal epidural injections be reasonable and necessary?

Decision:

Medical necessity for treatment in the form of a left S1 transforaminal epidural steroid injection has been established.

Rationale/Basis for Decision:

The injured worker has a date of injury of _____. The injured worker has received ongoing treatment in the form of transforaminal epidural steroid injections. The information provided does indicate that the injured worker has post laminectomy pain syndrome. The information from Dr. Potter indicates ongoing radiculopathy. There have been previous denials for this procedure based on previous information disputing that there has been evidence of radiculopathy. It is acknowledged that the previous nerve conduction studies revealed radiculopathy. However, this was not a needle examination. There was no diagnostic validity for nerve conduction testing, although needle EMG will verify the presence of radiculopathy. I do not believe that radiculopathy can be determined on nerve conduction studies only. However, the clinical examination from Dr. Potter does reveal the ongoing presence of radicular irritation on physical examination. Previous MRI studies have revealed evidence of protrusion at L5-S1 compressing the S1 nerve root causing radicular pain, and the injured worker has had objective relief following previous epidural steroid injections.

Therefore, it would not be unreasonable to pursue a single transforaminal epidural steroid injection if this does allow the injured worker to function and reduce pain medication requirements, and the information would indicate the injured worker obtains substantial relief from such injections. It would not be unreasonable for a repeat epidural steroid injection times one for ongoing documented radicular pain.

This rationale is based on clinical guidelines from the International Spine Intervention Society, as well as standard pain management textbooks.

The rationale for the opinion stated in this report is based on the record review, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than thirty (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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P.O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the injured worker via facsimile or U.S. Postal Service this 30th day of May, 2005 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel