



## IMED, INC.

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### NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:** \_\_\_\_\_  
**IRO TRACKING NUMBER:** M2-06-1220-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF CARRIER:** Fidelity & Guaranty Insurance  
**DATE OF REPORT:** 05/18/06  
**IRO CERTIFICATE NUMBER:** IRO 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 employee, injured employee's employer, the injured employee'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 patient and have answered the questions submitted.

**Information Provided for Review:**

- Lumbar MRI report dated 12/31/04
- Thoracic spine MRI dated 04/13/05.
- Cervical spine MRI dated 07/07/05.
- Physician office visits from Lane Casey, D.O., dates of service 09/15/05 to 05/09/06.
- Office visit documentation from Med Care Health Clinic, dates of service from 01/07/05 to 01/20/06.
- Physician office visits with Dr. Saunders from 11/15/05 to 12/27/05.
- Physician evaluation by Dr. Swink dated 02/22/06.
- Documentation from Sedgwick CMS dated 03/16/06.

**Clinical History Summarized:**

The available records document that the injured employee, \_\_\_\_, developed difficulty with complaints of low back pain while pushing a cart that continually moved to the left. The injured employee attempted to redirect the cart to the right and developed difficulty with persistent low back pain as a result.

The injured employee received chiropractic treatment at Med Care Health Clinic from 01/07/05 to 01/20/06.

A lumbar MRI was accomplished on 12/31/04, which revealed evidence for minimal annular bulges and facet arthrosis at L4-L5 and L5-S1. The report also described evidence of a possible L5-S1 right foraminal annular tear.

A physician evaluation with Dr. Casey was accomplished on 09/15/05, and the injured employee was diagnosed with discogenic low back pain from the L5-S1 disc. Dr. Casey requested diagnostic testing in the form of an EMG of the lumbar spine. Prescription medications were provided to the injured employee.

On 09/30/05 and 11/23/05, Dr. Casey performed lumbar epidural steroid injections on the injured employee. SI injections were provided by Dr. Casey on 02/01/06 and 03/01/06.

Dr. Saunders evaluated the injured employee on 12/13/05 and 12/27/05. Dr. Saunders indicated that surgical consideration in the form of a lumbar spinal fusion to the L5-S1 disc level for treatment in the injured employee's situation, per the office note of 12/27/05. He recommended conservative treatment, not surgical intervention.

The injured employee was evaluated by Dr. Swink on 02/22/06, and it was documented the injured employee had received a series of epidural steroid injections. It was documented that these injections did not provide pain relief to the injured employee. It was also documented that the injured employee completed one SI joint injection with minimal if any benefit.

A document from Sedgwick CMS dated 03/16/06 noted the injured employee had previously received a series of two SI joint injections. It was documented that these injections did not provide long-term pain relief.

**Disputed Services:**

Would the request for an injection of the sacroiliac joint and fluroguide response for spine injection be reasonable and necessary?

**Decision:**

Based upon the available medical documentation, an attempt at a therapeutic injection in the form of a sacroiliac joint injection would not be a medical necessity.

**Rationale/Basis for Decision:**

The medical documentation submitted for review does not provide any documentation to reflect that there were ever any consistent findings on physical examination referable to a sacroiliac joint as a source of pain symptoms. Additionally, the medical records indicate the injured employee received treatment in the form of sacroiliac joint injections previously, which did not provide definitive pain relief to the injured employee. *ACOEM Guidelines* do document that there is no medical literature which supports that therapeutic injections such as sacroiliac joint injections provide definitive long-term pain relief. Therefore, in my opinion there was not sufficient documentation to justify/support the medical necessity for treatment in the form of sacroiliac joint injections at this time. There were no consistent findings documented on physical examination which would support a diagnosis of a sacroiliac joint pain mediated syndrome. The documentation supports that previous attempts at such treatment did not provide long-lasting pain relief, and the medical literature does not provide definitive supporting data to indicate that the requested type of procedure would be expected to provide definitive pain relief on a long-term basis.

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.

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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 employee 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