



# 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

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## NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:** \_\_\_\_\_  
**IRO TRACKING NUMBER:** M2-06-1263-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF CARRIER:** Security Ins of Hartford  
**DATE OF REPORT:** 06/02/06  
**DATE OF AMENDED REPORT** 06/06/06  
**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 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 injured worker and have answered the questions submitted.

**Information Provided for Review:**

- 03/17/01 – Documentation from Dr. Kenneth Stevenson.
- 04/12/02 – Surgery performed by Kenneth Stevenson.
- 02/27/03 – Nerve block performed by Mark Scioli, M.D.
- 04/01/03 – EMG results from Randall Wolcott, M.D.
- 05/05/03 – Dr. McCarty placed injured employee at MMI with an 18% impairment rating.
- 05/21/03 – Right lumbar sympathetic blocks by Ralph Menard, M.D.
- 06/10/03 – Peer review by Hooman Sedighi, M.D.
- 07/29/03 – MRIs ankle, lumbar spine, and thoracic spine.
- 07/30/03, 08/07/03, 08/15/03 – Sympathetic blocks.
- 03/09/04 – A letter of medical necessity from Hooman Sedighi, M.D.
- 10/15/04 – Office visit with Robert Schwartzman, M.D.
- 10/10/05 – NCV/EMG results from Randall Wott, M.D.
- 10/21/05 – MRI of the cervical spine and brachial plexus by David Muff, M.D.
- 12/30/05 – Dilaudid intrathecal trial.
- 12/30/05 – Operative report from Bolkar Sahinler, M.D.
- 01/03/06 – CT head scan, Richard Ozmon, M.D.
- 01/03/06 – MRI of the brain and MRI of the lumbar spine, C. Lee Johnson, M.D.
- 01/20/06, 01/23/06 – Office visit with Bolkar Sahinler, M.D.
- 01/23/06 – Bolkar Sahinler, M.D.
- 01/30/06 – Emergency room note by Barry Thomas, M.D.
- 03/09/06 – Psychiatric assessment, Patrick Randolph, Ph.D.
- 05/01/06 – Office visit with Hooman Sedighi, M.D.

**Clinical History Summarized:**

The employee was scrapping ice off his car when he stepped on a drain, slipped, fell, and broke his right leg and ankle.

The employee was referred for open reduction/internal fixation of the ankle and underwent revision on 03/17/01 by Dr. Stevenson. Hardware removal was performed on 10/22/01. The employee was referred for physical therapy.

Further surgery was performed on 12/02/02 consisting of arthroscopic debridement and neurolysis of the saphenous nerve.

An EMG on 04/01/03 revealed no radiculopathy.

The employee underwent sympathetic blocks by Dr. Menard on 05/21/03.

An MRI of the ankle on 07/29/03 revealed prior fracture with degenerative changes.

Thoracic and lumbar MRI studies revealed minimal disc protrusions measuring 1 mm at T12-L1 and L1-L2.

Statutory Maximum Medical Improvement (MMI) was proclaimed by Dr. McCarty as the designated doctor on 05/05/03 with an 18% impairment rating.

There was a previous peer review by Dr. Sedighi on 06/10/03. A 13% impairment rating was suggested.

Further sympathetic blocks were performed on 08/07/03 and 08/15/03. Another block was performed on 07/30/03 by Dr. Ramirez.

The claimant was under the care of Dr. Sedighi for pain management. Dr. Sedighi concurred that the employee had sympathetic dystrophy and had already attempted spinal cord stimulation without relief. The claimant was on Zanaflex, Catapres, Bextra, Klonopin, Elavil, Cadien, and Vicodin. Dr. Sedighi ran out of options and recommended the employee go to the Mayo Clinic for evaluation.

The employee was seen by Dr. Schwartzman on 10/15/04, and severe CRPS was indicated. The recommendation was for intravenous Lidocaine therapy followed by Ketamine infusion.

The employee continued under the care of Dr. Sedighi but had referrals to other physicians locally.

The employee underwent Dilaudid intrathecal trial on 12/30/05.

The employee was also under the care of Dr. Sahinler, who indicated on 01/23/06 that the employee required a wheelchair accessible van where he could get in and out of the vehicle and also drive his own vehicle. The employee stated he was functioning as a paraplegic with intractable lower extremity pain and had CRPS spreading to the left leg. At that time, the employee was wheelchair bound.

A follow-up with Dr. Sedighi on 05/01/06 indicated that the employee would need to join a health club to perform water exercises to work on desensitization and weight bearing in the water and would benefit from individualized psychotherapy to manage depression. Dr. Sedighi also recommended modifications for his bathroom and would require a wheelchair for mobility. Dr. Sedighi recommended wheelchair gloves, and if the employee began experiencing problems, an

electric wheelchair would be appropriate in the future. Dr. Sedighi also opined that it would be in the best interest of everyone to have an independent medical evaluator examine this employee.

**Disputed Services:**

Preauthorization denied for wheelchair accessible van with handicap controls, housing accommodations, and/or modifications.

**Decision:**

This employee had severe intractable pain secondary to CRPS. Dr. Sedighi, a physical medicine and rehabilitation specialist, would understand the needs of individuals who have disabilities that require modifications for the home such as this individual. The employee's chronic pain condition precludes him from ambulation and requires a wheelchair. Since the employee is unable to get in and out of his van without modification, it would be appropriate to modify his van for wheelchair accessibility and handicap controls as well as complete modifications inside his home for wheelchair accessibility, to promote continued functional independence.

Therefore, modifications to the van and the home would be appropriate to promote functional independence.

**Rationale/Basis for Decision:**

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.

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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 2nd day of June, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel