



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M2-06-1267-01
NAME OF REQUESTOR: _____
NAME OF CARRIER: Texas Mutual Insurance
DATE OF REPORT: 05/30/06
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:

- 08/04/05 – An MRI of the lumbar spine dictated by Kevin La Cour, M.D.
- 09/27/05 – NCV/EMG testing performed by Bill Weldon, D.O.
- 03/02/06 – Office visit to Steven Casey, D.O.
- 03/10/06 – A denial for a L4-S1 discogram date of service 03/17/06.
- 03/15/06 – An evaluation by William Green.

Clinical History Summarized:

I have reviewed the medical records with regard to this injured employee, who has two discs which are herniated and one which is bulging. EMG studies have revealed evidence of radiculopathy.

The information from Dr. Casey indicates a recommendation for discography. The discogram has been denied by one reviewer who disputed the necessity of discogram based on studies by Carragee. Another reviewer actually approved the discogram but recommended a controlled level.

Disputed Services:

L4-S1 Discogram.

Decision:

In this situation and with an injured employee that does have evidence of disc herniation and chronic discogenic pain, the L4-S1 discogram study would be appropriate.

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.

The studies by Carragee are often cited by reviewers. The studies by Carragee generally dispute the indication for discography; however, there have been some studies which have looked at Carragee's work and have found fault with these particular studies. Oftentimes, the controlled study samples sites are quite low and do not have predictive value. These criticisms of Carragee's work are typically found in the International Spine Interventional Society literature and predominantly have been by Bogduk. In my opinion, there is some validity to performing discography to determine if the individual does have internal disc derangement.

Careful screening is paramount and careful interpretation of the results obviously is paramount. If done properly and in the right hands by experienced practitioners, discography can be quite predictive and diagnostic for internal disc derangement.

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 1st day of June 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel