



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1298-01
NAME OF REQUESTOR: Cheng Leo, D.C.
NAME OF CARRIER: St. Pauls/Travelers Insurance
DATE OF REPORT: 07/14/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX:

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 a chiropractic physician reviewer who is Board Certified in the area of Chiropractic 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:

1. MRI diagnostics dated 12/02/04.
2. Examination from Spine Associates of Houston dated 03/22/05, 3 pages.
3. Letter from Spine Associates of Houston dated 01/24/06,
4. 01/30/06 – Letter of medical necessity from Injury Center of Houston.
5. 02/28/06 – Mobile Kinetics Functional Capacity Evaluation.
6. 03/20/06 – Injury Center of Houston patient reevaluation.
7. 03/29/06 – Health Trust Chronic Pain Management recommendations addendum.
8. 04/10/06 – Injury Center of Houston preauthorization request and reconsideration.
9. 04/20/06 – Preauthorization request from Injury Center of Houston.
10. Denial from St. Pauls/Travelers.
11. An FCE from Mobile Kinetics dated 06/01/06.
12. Designated Doctor Evaluation dated 06/05/06.

Clinical History Summarized:

The injured employee sustained an injury on ___ while employed as a machine operator. The employee was carrying a basket of heavy materials weighing over 30 pounds and experienced pain in her lower back which radiated down the lower extremities and posterior thigh.

The employee has undergone advanced imaging studies and electrodiagnostic studies, as well as rehabilitative care. A designated doctor saw the injured employee on 6/5/06 and did not place her at MMI. He also recommended work hardening. At this time, there is a question as to whether or not tertiary care is necessary or not.

Disputed Services:

Dispute: Preauthorization denial for work hardening times twenty (20) sessions.

Decision:

Approval of requested twenty (20) sessions of work hardening therapy.

Rationale/Basis for Decision:

Several factors are involved for an individual to be eligible for work hardening.

1) ABILITY TO PERFORM DAILY JOB ACTIVITIES: A Functional Capacity Evaluation was performed on 06/01/06 and indicated the injured employee was at a sedentary-light PDL,

and the employee's job requires her to be in medium to medium heavy physical demand level. This was demonstrated by the fact that the employee was injured by carrying an object that was well out of the light sedentary physical demand level (30 lbs). The employee does not presently perform at the required physical demand level, therefore, she is incapable of performing her job. 2) REQUIREMENT FOR SIGNIFICANT PSYCHOLOGICAL COMPONENT: The available records demonstrate there is depression and anxiety, concluding a psychological component. 3) ABILITY TO RETURN TO WORK: The employee has cardiovascular de-conditioning and overall strength factors which demonstrate weakness, overall body instability, and dynamic carrying inadequacy. Activities of daily living also reveal difficulty with repetitive lifting, carrying, prolonged walking, pulling, standing, and squatting, all of which basically comprise the type of job the employee performs. 4) OTHER OPTIONS AVAILABLE: The employee was denied surgical procedures, therefore, there is only one avenue left for the injured employee and that is enter into tertiary rehabilitative care.

All the documentation demonstrates the claimant would be a candidate and would likely improve as well from work hardening, and should therefore be considered as a form of therapy that would be beneficial and would be medically necessary.

The rationale for the opinion stated in this report is based on the record review, CARF Guidelines, The Texas Labor Code, 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, 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.

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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 17th day of July, 2006 from the office of IMED, Inc.

Sincerely,

A handwritten signature in cursive script that reads "Charles Brawner".

Charles Brawner
Secretary/General Counsel