



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M2-06-1376-01
NAME OF REQUESTOR: Health Trust
NAME OF CARRIER: Texas Mutual Insurance Company
DATE OF REPORT: 06/15/06
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 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:

- 03/28/05 – Lumbar MRI, John Black, M.D., MBA.
- 08/04/05 – Raul Martinez, M.D.
- 08/12/05 – CT scan lumbar spine with contrast & lumbar myelogram with contrast, Aneesa Majid, M.D.
- 09/29/05 – Addendum from Raul Martinez, M.D.
- 01/19/06 – Raul Martinez, M.D.
- 01/01/06, 03/08/06, 03/21/06, 03/27/06 – Psychotherapy sessions, Melissa DeLeon, LPC-Intern.
- 04/03/06 – Melissa DeLeon, LPC-Intern.
- 04/07/06 – Lois Garcia, R.N.
- 04/25/06 – Joanne Harrison, LVN.
- 04/26/06 – Raul Martinez, M.D.
- 05/17/06 – RME, Stevan Cordas, M.D.

Clinical History Summarized:

The employee was injured on ___ and had complaints of lower back pain after repeatedly stepping over a child guard gate.

The employee was treated by Dr. Castillo.

An MRI report dated 03/22/05 revealed significant degenerative disc protrusion with loss of disc space and modic Type I and Type II signal changes. The impression was L4-L5 and L5-S1 central to left paracentral disc protrusion resulting in thecal sac and exiting nerve root impingement.

The employee was seen by Dr. Martinez on 08/04/05, who indicated the employee's previous SI joint injections had been denied. Dr. Martinez felt the employee was a good candidate for a right SI joint block and trigger point injections. At that time, the employee was taking Norco.

A lumbar CT scan was performed on 08/12/05 revealing multilevel mild degenerative changes with a significant disc bulge at T12-L1, as well as L4-L5 causing moderate spinal stenosis at L4-L5 without evidence of nerve root compression. A myelogram study the same day revealed findings consistent with some stenosis at L4-L5 and L5-S1 with degenerative disc disease noted.

The employee was referred for a pain management program on 01/19/06. The employee was noted to be taking Zoloft for depression and Norco.

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A Designated Doctor Evaluation was performed by Dr. Kosoy on 01/26/06 and stated the employee was not yet at Maximum Medical Improvement (MMI). It was felt the employee was a candidate for surgery in view of failure of therapy and epidural steroid injections.

The employee was referred for individual psychotherapy in March, 2006. These were completed by 03/27/06. The employee was referred for a thirty day pain management program.

Disputed Services:

Preauthorization denial for chronic pain management, thirty sessions.

Decision:

The request for a pain management program is not indicated at this time.

Rationale/Basis for Decision:

The employee's compensable injury was a lumbar strain and the injury can be described as moderate stenosis which is most likely compatible with an ordinary disease of life and preexisting degenerative disc disease condition, and as such, a condition that would have resolved. Current pain complaints are likely related to ongoing degenerative changes, which is due to natural aging.

ACOEM Guidelines indicate that progression to active exercise-based treatment is most appropriate for a lumbar pain condition. There was no indication for a pain program at this point based upon the records provided for what can be described only as a lumbar strain superimposed on preexisting degenerative disease.

The rationale for the opinion stated in this report is based on the record review, *ACOEM Guidelines*, 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.

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 19th day of June, 2006 from the office of IMED, Inc.

Sincerely,

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

Charles Brawner
Secretary/General Counsel