



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

NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M2-06-1429-01
NAME OF REQUESTOR: Mike Loftis, DC
NAME OF CARRIER: Texas Mutual Insurance Company
DATE OF REPORT: 06/27/06
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:

- 07/27/05 – Chart notes from the emergency department at Midland Memorial Hospital.
- 08/09/05 – Additional report, Frank Gonzales, D.C.
- 08/16/05 – MRI report of the cervical spine.
- 08/16/05 – MRI report of the lumbar spine.
- 09/06/05 – Functional Capacity Evaluation.
- 09/13/05 – EMG/NCV study report of the upper extremities and cervical paraspinal muscles.
- 11/10/05 – MRI report of the right shoulder.
- 12/19/05 – Psychosocial mental evaluation.
- 01/09/06 – EMG test results from Susan Van DeWater, M.D.
- 01/30/06 – Employer's First Report of Injury or Illness.
- 02/17/06 – Functional Capacity Evaluation.
- 03/03/06 – Correspondence from Michelle Arnold, LPN.
- 03/31/06 – Correspondence from Texas Mutual Insurance Company.
- 04/11/06 – Examination report from Benjamin Cunningham, M.D.
- 06/22/06 – Correspondence from Texas Mutual Insurance Company.

Clinical History Summarized:

The employee was injured on ____ when she slipped and fell apparently sustaining injury to her neck, low back, shoulder, and hip.

The employee was treated and released from Midland Memorial Hospital.

The employee began chiropractic care with Frank Gonzales, D.C., on 08/09/05.

An MRI of the cervical spine indicated loss of cervical lordosis with mild flexion deformities involving the upper cervical spine, anterior disc herniation at C5-C6 disc space, no evidence of disc herniation noted into the spinal canal, and no evidence of spinal stenosis.

An MRI of the lumbar spine revealed a central disc protrusion at L5-S1.

An MRI of the right shoulder indicated arthritic changes in the AC joint, soft tissue swelling, spur formation in the inferior aspect of the AC joint, no evidence of rotator cuff tear or tendonitis, and no evidence of fracture involving the glenoid labrum.

An EMG/NCV study was interpreted to be normal in the upper extremities and related paraspinal musculature.

A Functional Capacity Evaluation (FCE) performed on 09/06/05 indicated the employee was classified at the sedentary physical demand level.

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A psychosocial mental evaluation on 12/19/05 indicated that the employee had been treated for depression in the MHMR Center for the last five years. This mental evaluation went on to recommend that the employee would benefit from an interdisciplinary chronic pain management program.

On 01/09/06, an EMG was performed on the low back and lower extremities, which was interpreted to reveal no electrodiagnostic evidence of lumbosacral radiculopathy.

A second FCE was performed on 02/17/06 and classified the employee in the sedentary physical demand level, which revealed no change in the physical demand level when compared to the FCE performed on 09/06/05.

On 05/11/06, recommendation for injection of the right AC joint was made by Benjamin Cunningham, M.D.

Disputed Services:

Preauth denied for twenty days chronic pain management.

Decision:

On the basis of the documentation provided, denial of preauthorization for twenty days of chronic pain management appears appropriate.

Rationale/Basis for Decision:

The documentation does not offer a complete picture of the treatment provided or the employee's current status and had to rely heavily on the documentation submitted from Texas Mutual Insurance Company to know employee's status at this time in this particular case.

The reason for denial of the preauthorization of chronic pain management is the fact that the two FCEs presented for review were essentially the same with no change in physical demand level, and in some cases, the digression in strength and range of motion.

While one could argue that this digression in the FCE would be rationale to support a chronic pain management program, the conflict is the fact that the employee has apparently been returned to work at light duty. There was no explanation from the treating doctor in this case as to why the employee was returned to work and subsequently a preauthorization for chronic pain management was requested, for which the employee would be removed from work in order to participate. It is broadly accepted that the purpose of a chronic pain management program would be to return an employee to work. To remove an employee from work in order to participate in a chronic pain management program is not medically necessary.

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A primary rationale for the decision in this case is simply the lack of documentation provided from the treating doctor in order to establish the medical necessity for the preauthorization request. The documentation provided little to no insight into the treatment that has been provided to the employee and little to no insight into the employee's return to work and light duty limitations, if any.

The rationale for the opinion stated in this report is based on the record review, the lack of documentation to establish medical necessity, *Texas Administrative Code Title 28, Part II, Chapter 134, sub chapter G, Rule 134.6 (f), (3)*, 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 28th day of June, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel