



# 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:** M2-06-1432-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF CARRIER:** Ward North America  
**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:**

- 04/01/96 Thru 05/19/06 – El Paso Orthopedic Surgery Group & Center For Sports Medicine.
- 04/29/99 & 05/18/99 – Michael Mrochek, M.D.
- 04/24/04, 12/02/05, 12/30/05, 01/23/06, 01/26/06 – Reports from Carlos Viesca, M.D.
- 04/18/06 – Preauthorization for rental of an RS4i muscle stimulator for three months from RS Medical.
- 04/28/06 – Preauthorization for rental of an RS4i muscle stimulator for three months from RS Medical.

**Clinical History Summarized:**

04/01/96, the injured employee saw James Bean, M.D., who recommended the employee get into an aquatic exercise program and strengthening program.

04/16/96, the employee saw James Bean, M.D. The treatment plan was physical therapy, as well as a second opinion from Dr. Gregg Misenhimer.

05/28/96 from James Bean, M.D. The employee stated she was experiencing more pain in her right shoulder. The employee did not want an injection. The treatment plan was physical therapy. Medications – Robaxin and Darvocet.

07/01/96 – James Bean, M.D. The employee stated her shoulder was still hurting. Physical examination of the shoulder revealed full passive range of motion and diminished active range of motion due to pain. The treatment plan was to inject the shoulder with Lidocaine, Marcaine, and Decadron.

07/15/96 – The employee returned still experiencing pain. Surgical treatment was not recommended, and it was recommended that the employee stop physical therapy because it aggravated her shoulder.

10/01/96 – James Bean, M.D. The employee returned and stated she underwent a Required Medical Evaluation (RME) with Dr. Halaby. Maximum Medical Improvement (MMI) was not established.

12/09/96 – James Bean, M.D. The employee returned for an injection in her right shoulder.

02/13/97 – James Bean, M.D. The employee returned for follow-up and stated both shoulders still bothered her. The physical examination revealed full range of motion. The left shoulder

was injected with a combination of Lidocaine, Marcaine, and Decadron. The employee was to continue with independent exercises and return in two months.

02/24/97 – James Bean, M.D. The employee returned stating she was experiencing pain in her left knee. The physical examination revealed full knee range of motion.

06/26/98 – James Bean, M.D. The employee returned for a follow-up and indicated she had seen Dr. Smith for a second opinion. The treatment plan was a continuation of working on her shoulder and knee exercises. Anti-inflammatories were to be continued on an as-needed basis.

03/12/99 – The employee returned for an evaluation and stated she was recovering from her spine surgery. The physical examination revealed no effusion and good range of motion. The employee was to return in three months for her knee and was to be referred to Dr. Penninck for follow-up.

04/23/99 – Michael Mrochek, M.D. The employee was referred to Dr. Misenhimer, who noted that the injured employee was 64 years old with a complicated medical history that included orthopedic problems and connected surgeries in both the upper extremities and the back. She stated she was injured on \_\_\_ and suffered a left rotator cuff tear and a low back injury. She had a laminectomy at L4-L5 in March, 1997 and also underwent a second surgery in June, 1997. The recommendations at that time were aquatic exercises and undergo an EMG.

05/18/99 – Michael Mrochek, M.D. Medications at that time were Synthroid, Hydrochlorothiazide, Voltaren, Cozaar, Pepcid, Verapamil, Premarin, calcium. Upon physical examination, the impression on that date was evidence of a bilateral lumbosacral radiculopathy involving the left side at least L5 and S1 and on the right side probably to L5. The findings were more mild on the right side. In the face of these studies, one could not rule out the possibility of a left sciatic neuropathy more severe affected peroneal component. Dr. Mrochek noted that a comparison with the study by Dr. Sandberg in August, 1998, the right sided changes appeared to be improved.

10/15/99 – James Bean, M.D. Dr. Bean offered Cortisone injections; however, the employee did not desire them.

10/18/99 – James Bean, M.D. There were x-rays taken of the knee which showed the implant within the position, and there was no loosening. X-rays of the back revealed implants were not displaced. There was no disconnection of the screw and rod complex, and the three lumbar cages appeared to be in place.

**Case No.: M2-06-1432-01**

**Page Four**

10/25/99 – James Bean, M.D. Dr. Bean stated he would refer the employee to Dr. Silva for a chest examination.

11/02/99 – James Bean, M.D. Dr. Bean stated he was going to refer the employee for pain management and for EMG/NCV studies.

12/08/99 – James Bean, M.D. The employee stated she was still experiencing pain. The left shoulder was injected on this date.

12/14/99 – Michael Mrochek, M.D. Dr. Mrochek recommended an increase in calcium and to continue with the Premarin. He also recommended the employee follow-up with Dr. Bean regarding her pain problems.

01/28/00 – James Bean, M.D.

02/16/00 – James Bean, M.D. Dr. Bean indicated the employee was attending the pain management clinic. It was also indicated she was experiencing symptoms of pain in her left shoulder and feet.

01/12/01 – James Bean, M.D. It was noted that the employee would continue working on shoulder exercises, and Ketoprofen Cream and Vicodin were recommended.

01/30/01 – David Masel, M.D. Dr. Masel wanted to work the employee up comprehensively and refer her to Dr. Lynn Neill.

02/02/01 – Brian August, M.D. The employee presented with complaints with her back, neck, arm, and leg pain. Dr. August recommended a continuation of medications, as well as to prescribe Klonopin.

04/13/01 – James Bean, M.D. Dr. Bean prescribed the employee new crutches and a cane, and also recommended that she might start using a motorized device to get her around.

06/13/01 – James Bean, M.D. Dr. Bean indicated the employee was on permanent limitations to sedentary work only.

08/08/01 – James Bean, M.D. Dr. Bean noted the employee was working with restrictions.

08/28/01 – James Bean, M.D. A letter of support for the prescriptions for the employee.

**Case No.: M2-06-1432-01**

**Page Five**

08/31/01 – James Bean, M.D. The employee returned for follow-up. Dr. Bean recommended referral to Dr. Mrochek for rehabilitation consideration.

04/26/02 – James Bean, M.D. X-rays of the bilateral knees revealed that the left knee implant was in good condition with no signs of loosening. The employee was to continue on exercises.

01/31/03 – James Bean, M.D. X-rays of the right knee showed no significant articular cartilage loss at any compartment.

04/11/03 – A letter from James Bean, M.D.

07/11/03 – James Bean, M.D. Recommendations on that date were a prescription for a home health program. Ketoprofen Cream, Vicodin, and Mobic were also prescribed.

08/08/03 – James Bean, M.D. The employee received an injection of Cortisone into the right shoulder.

09/12/03 – Jose Villarreal, M.D. Dr. Villarreal recommended a refill of the Skelaxin and pain management. However, the employee was not interested in that program at that particular time.

06/11/04 – James Bean, M.D. Dr. Bean recommended an MRI of the lumbar spine.

There was an MRI of the lumbar spine performed on 06/30/04. At L1-L2, there was mild facet arthrosis. At L2-L3, there was facet arthrosis, ligamentum flavum hypertrophy, annular bulging, and moderate foraminal stenosis on the left. At L3-L4, there was bulging with moderately severe foraminal stenosis bilaterally. At L4-L5, there was adequate capacity in the canal. At L5-S1, there was sizable laminectomy defect with epidural fibrosis seen in the lateral recess on the left.

09/24/04 – Jose Villarreal, M.D. It was noted they would see the employee on an as-needed basis.

There was an operative report dated 09/28/04. The employee received a lumbar epidural steroid injection at L3-L4.

11/09/04 – Jose Villarreal, M.D. The diagnosis on that date was post laminectomy syndrome.

12/02/04 – Michael Boone, M.D. There was an EMG/NCV study, which indicated there was an acute injury in the anterior tibialis of both legs and the right peroneus. This would suggest myotomal pattern. In other words, root level at approximately L5.

**Case No.: M2-06-1432-01**

**Page Six**

01/14/05 – Jose Villarreal, M.D. Dr. Villarreal recommended a Zonegran and titrate, as well as a continuation of Hydrocodone and Mobic.

05/23/05 – Jose Villarreal, M.D. A continuation of medicines were recommended.

11/30/05 – James Bean, M.D. The employee was not interested in surgery. However, her shoulder was injected on this date.

12/02/05 – The employee was referred to Carlos Viesca, M.D.

01/23/06 – There was a bilateral suprascapular nerve block performed by Carlos Viesca, M.D.

03/21/06 – The employee saw Carlos Viesca, M.D. The impression was cervicalgia, cervical radiculopathy, pain in joint and bilateral shoulders, and joint disorder.

**Disputed Services:**

RS4 Muscle Stimulator Rental x three months.

**Decision:**

Use of a RS4 muscle stimulator unit x three months is not reasonable or necessary.

**Rationale/Basis for Decision:**

The information indicates ongoing shoulder pain. The employee has been through extensive treatment for this injury since \_\_\_\_\_. The employee is currently experiencing ongoing pain requiring increasing narcotics and beginning use of opioids. The employee has undergone injections with minimal relief. The only information available regarding the muscle stimulator unit is that Dr. Viesca indicated the employee had pain relief, but there was no objective information, only subjective pain relief documented but still a continuation of treatments requiring medications and injections.

It is my opinion that such a unit is not effective in this situation objectively, and there was no objective evidence to justify its continuation. Furthermore, evidence-based medical literature and *ACOEM Guidelines* indicate that passive modalities such as muscle stimulation are not justified or warranted in the chronic phase of injury. Therefore, continued use of this modality would not be reasonable, necessary, and of standard medical practice as supported by evidence-based medical literature.

**Case No.: M2-06-1432-01**

**Page Seven**

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.

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 16th day of June, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel