



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M2-06-1498-01
NAME OF REQUESTOR: _____
NAME OF CARRIER: Ace Fire Underwriters/Downs & Stanford
DATE OF REPORT: 06/21/06
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:

1. Workers' compensation initial evaluation report from 03/01/06, 4 pages.
2. MRI report dated 03/02/06, 2 pages.
3. Progress notes from Coolbaugh Chiropractic from 03/02/06 thru 05/30/06.
4. A peer review from George Medley, M.D., dated 03/09/06.
5. Reports included physical performance evaluations from 03/13/06, 04/25/06.
6. 03/20/06 - EMG report from Dr. Merritt, Chiropractor, 6 pages.
7. 03/22/06 - Examination Dr. Merritt, Chiropractor, 2 pages.
8. Report from Dr. LeGrand dated 03/27/06.
9. A peer review from Dr. Byron Strain, dated 04/11/06, 2 pages.
10. CT of the lumbar spine dated 05/03/06.
11. Designated doctor report from Roger Beaudoin, M.D., 7 pages.

Clinical History Summarized:

The employee was injured on ____ when he felt pop in his upper right back while reaching and twisting cases of soda. The injured employee did return to work.

The employee saw Samuel Morgan, Jr., D.O., on 02/24/06, who took the employee off work for three days. The diagnosis was strain and spasms of low back and spasm of the latissimus dorsi.

The injured employee returned to Dr. Morgan on 02/27/06 with an additional diagnosis including true radicular etiology.

The injured employee changed treating doctors to Robert Coolbaugh, D.C., who saw the claimant on 03/01/06 and diagnosed him with lumbar sprain/strain, mild radiculitis, thoracic sprain/strain, muscle spasm, and rupture or herniation of lumbar disc.

An MRI was performed on 03/02/06 with no disc herniation reported.

George Medley, M.D., performed a peer review on 03/09/06 and stated that the employee's injury was a soft tissue lumbar sprain. Dr. Medley stated the strain should have resolved within four to six weeks and should have been treated with heat and home exercises. Dr. Medley did not recommend chiropractic treatment.

There was an EMG by Cotton Merit, D.C., on 03/22/06, which was negative for lumbar radiculopathy.

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Byron Strain, M.D., performed a peer review on 04/11/06 and stated the claimant could return to light duty and should be released to full duty eight to twelve weeks post injury.

There was a Designated Doctor Evaluation with Roger Beaudoin, M.D., on 05/11/06. The observed range of motion of the lumbar spine was within normal limits. The testing of the lumbar spinal dermatomes was within normal limits bilaterally. The employee was placed at Maximum Medical Improvement (MMI) with a 5% impairment rating.

Disputed Services:

Preauthorization denied for lumbar facet injections bilaterally.

Decision:

Lumbar facet injections bilaterally, denied.

Rationale/Basis for Decision:

The medical records reviewed indicate that this employee sustained a lumbar strain. The employee has received extensive treatment first from Dr. Morgan and then from a chiropractor, Dr. Coolbaugh. The information from that clinic indicates ongoing treatment for chiropractic therapy.

Imaging studies have revealed age related changes only. EMG studies were also performed.

The employee's most recent examination from the designated doctor indicated there is full lumbar range of motion, and there was no evidence on his examination that would indicate any possibility of facet mediated pain. There was nothing in his examination or previous examinations which would implicate the facet joints as possible pain generators for this employee. I would be in agreement that his diagnosis would be a lumbar strain, and in that regard, would not be a candidate for further interventional pain management such as lumbar facet injection bilaterally. The information does not justify facet syndrome as a possible pain generator. There was no clinical indication for such blocks based upon this information indicating a lumbar strain, and the employee is likely at Maximum Medical Improvement (MMI) at this time.

The rationale for the opinion stated in this report is based on ACOEM Guidelines, Chapter 12, International Spine Injection Society Guidelines, Practice Parameters for Low Back Pain, Precision Lumbar Diagnostic Injections, the record review, as well as the broadly accepted

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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 22nd day of June, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel