



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1505-01
NAME OF REQUESTOR: Aaron Lloyd, M.D.
NAME OF CARRIER: Fireman's Fund Insurance Company
DATE OF REPORT: 08/07/06
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 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. 01/30/04 – History and physical by Pinnacle Pain Management.
2. 04/15/04 – MRI of the lumbar spine by Duncanville Medical Center.
3. 03/22/05 – Lumbar spine MRI.
4. 04/12/05 – EMG.
5. Progress notes 04/22/05, 05/31/05, 08/04/05, 09/29/05, 10/27/05, 11/10/05, 04/27/06, & 11/19/06 from Raul G. Martinez, M.D..
6. 05/06/05 – Operative report by Consultants in Pain Medicine.
7. 05/20/05 – Operative report by Consultants in Pain Medicine.
8. 03/17/06 – Follow-up visit with Aaron T. Lloyd, M.D.
9. 04/17/06 – Progress note by Tommy Overman, Clinical Director of Dallas Spinal Rehab Center.
10. 04/28/06 – Fax from First Health.
11. 05/05/06 – Records from Advanced Pain Medicine by Dr. Lloyd.
12. 05/15/06 – Notification of appeal outcome from First Health.
13. 06/08/06 & 07/13/06 – Response to medical dispute resolution from Flahive, Ogden & Latson.

Clinical History Summarized:

The records indicate an injury in ____.

I have records from Dr. Lloyd beginning on 01/30/04 summarizing the employee was injured after sustaining a T12 fracture and L1 fracture, a crush injury causing low back pain. The claimant was originally prescribed Theragesic and Baclofen. MRI studies on 04/15/04 revealed end plate fracture at L1, wedging compression fracture at T12, and degenerative changes throughout the rest of the lumbar spine. The recommendation was for a spinal stimulator trial which has been denied apparently by Dr. Rajendran.

A follow-up on 03/17/06 was reviewed, as well as an appeal letter on 05/05/06 by Dr. Lloyd. The last report is dated 06/12/06 with chronic pain, previous vertebroplasty, epidural steroid injections, lumbar facet injections, and a spinal cord stimulator trial has been denied. The employee was on Cadien and Norco at that time.

Disputed Services:

Items in Dispute: Preauthorization denied dual lead spinal cord stimulator trial.

Decision:

Upheld Preauthorization Denial of Dual lead spinal cord stimulator trial.

Rationale/Basis for Decision:

It would be my opinion that the employee would not benefit from a spinal cord stimulator trial. I agree with previous reviewers in that this would be most appropriate for chronic radiculopathy and neuropathic pain, and sympathetic dystrophy, but would not be appropriate for chronic somatic pain secondary to compression fractures. The employee has not optimized a full course of anticonvulsants for neuropathic pain first, and I do not feel that spinal cord stimulation is beneficial or necessary at this point in time for this particular diagnosis without evidence of neuropathic pain syndrome.

The rationale for the opinion stated in this report is based on the record review, ACOEM, ODG, 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 9th day of August, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel