



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1563-01
NAME OF REQUESTOR: Active Behavioral Health & Pain Rehab
NAME OF CARRIER: Zurich American Insurance Company
DATE OF REPORT: 07/18/06
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:

- Thirty-six pages of documentation.
- Certification of Independence of the reviewer.
- Notification of IRO assignment.
- Medical Dispute Resolution request/response.
- 09/09/05 – Procedure report for bilateral L3-L4, L4-L5, and L5-S1 facet joint steroid injections performed by George A. Farhat, M.D.
- 11/01/05 – Office visit note with George A. Farhat, M.D.
- 11/08/05 – Procedure report indicating a second bilateral L3-L4, L4-L5, and L5-S1 facet joint steroid injection with George A. Farhat, M.D.
- 12/14/05 – Office procedure notes from George A. Farhat, M.D., indicating that the employee reported 20% to 50% improvement in low back pain after the facet joint injections.
- 01/04/06 – Computerized spinal range of motion examination from Summit Rehab Centers indicating substantial range of motion deficiencies in the cervical and lumbar spine.
- 01/04/06 – Office visit note with George A. Farhat, M.D., indicating that the employee's pain had worsened, and a third lumbar facet injection was recommended.
- 01/06/06 – A preauthorization request for an L4-L5-S1 radiofrequency thermo-ablation.
- 01/11/06 – Clinical notes from Luz B. Gonzalez, D.C., indicating the employee's wrist pain had progressively grown worse than had the lumbar pain.
- 01/23/06 – Office visit with George A. Farhat, M.D., which indicated the employee reported a 60% to 70% improvement with the previous lumbar facet joint steroid injection. Dr. Farhat indicated the employee reported that he was "very satisfied with the results of his care so far". Dr. Farhat indicated the next step would be to do a radiofrequency ablation to the left L4-L5-S1 median nerve branches.
- 02/28/06 – Radiology report of an MRI of the right wrist indicating the following impression. There was evidence for apparent chronic sprain of the scapholunate ligament. The scapho and lunate had unusual configuration and signal changes suggestive of posttraumatic arthropathy. Correlation between them was recommended. A subcortical or chip fracture of the distal scaphoid may be a consideration. The proximal scaphoid showed no evidence for broad-based bone marrow edema or signal changes to suggest avascular necrosis. However, there was a small focus of high signal by stir imaging within the proximal ulnar aspect of the scaphoid at the scapholunate junction which is somewhat troublesome for the possibility of early avascular necrosis versus cystic arthropathy change. Again, plain film may be helpful in this regard. Arthropathy changes are also demonstrated within the carpal lunate.

There was evidence for some fluid between the first and second carpal rows assuming the employee had not had recent therapeutic injection procedure or diagnostic injection procedure such as arthrograph. The fluid most likely represents persistent hemarthrosis.

Grade I sprain of the collateral ligaments of the thumb were demonstrated.

A small fluid collection was demonstrated immediately dorsal to the hamate which assumes some nodular configuration and may represent a small focus of loculated hemarthrosis fluid or small ganglion cyst. There seemed to measure approximately 6 mm in greatest diameter.

There was also evidence for high signal along the ulnar edge of the triangular fibrocartilage which may be compatible with triangular fibrocartilage trauma and its styloid attachment.

This interpretation was provided by Phyllis Frostenson, M.D.

- 03/22/06 – Evaluation provided by J. D. Massingill, MS, LPC, which indicates present medications as Wellbutrin, Zoloft 100 mg, Alprazolam 2 mg, Tegretol 200 mg, Flexeril 5 mg, and Tylenol #3 p.r.n. per employee report. Upon summary, it was recommended that a battery of tests to include the Minnesota Multiphasic Personality Inventory be performed, upon which it was suggested that a reasonable behavioral medicine treatment plan would be necessary to address targeted issues or symptoms that may preclude the employee from undergoing surgery as planned.
- 03/22/06 – Addendum from J. D. Massingill, MS, LPC, including the results of a Beck Anxiety Inventory.
- 05/10/06 – Non-authorization as to reconsideration notice from Cyric Services Corporation.
- 06/21/06 – Correspondence from Flahive, Ogden & Latson.

Clinical History Summarized:

The employee was allegedly injured at work on ____.

The first documented treatment provided for review is a lumbar facet injection performed by Dr. Farhat on 09/09/05. Further documentation indicated a second lumbar facet injection on 11/08/05, and a report on 12/14/05 that the employee reported 40% to 50% improvement with the lumbar facet injections.

On 01/04/06, a recommendation was made for a third lumbar facet injection, and although there was no documentation concerning the third lumbar facet injection, it does appear that a third injection was performed, and on 01/23/06 the employee reported to Dr. Farhat 60% to 70% improvement and that he was very satisfied with the results of the treatment. Dr. Farhat recommended a radiofrequency ablation of the left L4-L5-S1 median nerve branches under fluoroscopy, and subsequently a psychological evaluation was performed by J. D. Massingill, MS, LPC, who recommended that the employee undergo psychotherapy once a week for six weeks according to the preauthorization request.

Disputed Services:

Preauthorization denied, 90806 individual psychotherapy once weekly for six weeks.

Decision:

Denial upheld of preauthorization 90806 for individual psychotherapy once weekly for six weeks.

Rationale/Basis for Decision:

The evaluation provided for review by J. D. Massingill, MS, LPC, indicated that the employee is presently taking Wellbutrin, Zoloft 100 mg, and reportedly under a subheading of past medications, has been taking Xanax. There was no documentation where any of these drugs were prescribed in relation to the alleged work injury in question, and therefore, appear to indicate a preexisting condition for which these medications were being utilized.

On page five of this report, it states, "According to the former Texas Workers' Compensation Mental Health Treatment Guides, 1995, Pages 32 and 33, two or more of the following general indications for assessment evaluation are suspected or present prior to performing the assessment and evaluation." It goes on to indicate the indications for assessment and evaluation to be a patient demonstrates a number of symptoms including anxiety, depression, agitation, sleep disturbance, and frustration, or there is a desire on behalf of the treating surgeon for input regarding treatment planning for the patient. The report goes on to indicate that the goal for a proactive psychological evaluation and assessment will be determined if the patient is a suitable candidate for undergoing invasive surgery to determine the surgical prognosis and to determine if any other factors or variables may complicate the surgical outcome.

The documentation provided does not meet the parameters established in this report as presented by the Texas Workers' Compensation Mental Health Treatment Guidelines in 1995 utilized by J. D. Massingill, MS., LPC, in this report. To begin with, on Page 3 of this report, the employee rated "sadness and depression 2/10, sleep problems 2/10, irritability and restlessness 2/10, frustration and anger 3/10, family problems 2/10, nervousness and worry 3/10". These symptoms appear to be mild as subjectively reported by the claimant, and therefore, do not appear to meet the level suggested by the Texas Workers' Compensation Mental Health Treatment Guidelines of 1995 utilized by J. D. Massingill, MS, LPC, in this report. Furthermore, it indicates in these guidelines, "There is a desire on behalf of the treating surgeon for input regarding treatment planning for the patient." I found no indication through the documentation presented that the treating surgeon, George A. Farhat, M.D., felt that the employee had psychological barriers to the suggested radiofrequency ablation of the left L4-L5-

S1 median branches. In fact, the most recent documentation provided by Dr. Farhat on 01/23/06 indicated "Jeff reports about 60% to 70% improvement after I did his lumbar facet joint steroid injections. He is very satisfied with results of his care so far." There was no indication by Dr. Farhat that the employee had any reservation whatsoever about proceeding with the radiofrequency ablation.

Therefore, the general indication as indicated in the report of 03/22/06 according to the former Texas Workers' Compensation Mental Health Treatment Guidelines of 1995 do not appear to have been met in regard to this particular procedure, and therefore, preauthorization of psychotherapy once weekly for six weeks does not appear to be medically necessary.

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

Sincerely,



Charles Brawner
Secretary/General Counsel