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: M2-06-1584-01
NAME OF REQUESTOR: Injured Employee
NAME OF CARRIER: Transcontinental Insurance Company
DATE OF REPORT: 07/30/06
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 cased 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. 11/17/05 – Carl Salinas, M.D., Texas Med Clinic.
2. Physical therapy notes from Heidi Gulley, PTA, treatment dates 12/14/05 thru 12/22/05.
3. 01/05/06 – MRI lumbar spine, Allan Truax, M.D.
4. 02/01/06 – Initial consultation & evaluation, A. T. Carasco, M.D.
5. 02/09/06 – Operative report, A. T. Carasco, M.D.
6. Physical therapy daily notes 02/15/06 thru 03/08/06.
7. 02/22/06 – Operative report, A. T. Carasco, M.D.
8. 03/09/06 – Follow-up examination, A. T. Carasco, M.D.
9. 03/16/06 – Operative report, A. T. Carasco, M.D.
10. 04/11/06 – Follow-up examination, A. T. Carasco, M.D.
11. 05/04/06, 06/22/06 – Follow-up examination, A. T. Carasco, M.D.

Clinical History Summarized:

The injured employee was injured on ___ while helping someone get onto an examination table and felt pain to her lumbar area. She stated she had pain going down to the knee on the right at times.

Findings on 11/17/05 indicated the employee's back was tender along the right SI joint, and that she had decreased range of motion. Sensation was good, gait was normal. This was by Carl Salinas, M.D.

There were treatment dates at Texas Medical Clinic from 12/14/05 through 12/22/05 by Rhonda Drake, PT.

01/03/06 – Carl Salinas, M.D. Dr. Salinas' findings were the back was tender along the right lumbar area. The injured employee had good range of motion. Dr. Salinas refilled her medications and wanted her to follow-up depending on MRI results.

01/05/06 – MRI of the lumbar spine. The impression was an L5-S1 fairly prominent right foraminal stenosis with loss of fat around the visualized right nerve, at the neural foramina there was also mild left foraminal stenosis, degenerative disc disease, bilateral facet hypertrophy, and moderate disc bulge. Allan Truax, M.D., was the doctor.

02/01/06 – A. T. Carasco, M.D., examined the injured employee. The impression was low back pain with right sided radiculopathy, possible bulging disc at L5-S1, right foraminal stenosis, right paracentral with narrowing foraminal stenosis, myofascial pain syndrome to quadratus

lumborum gluteus maximus and gluteus medius. The plan was for blood work, a series of two lumbar epidural injections, physical therapy, and Skelaxin 800 mg.

02/09/06 – A. T. Carasco, M.D. The injured employee received lumber myelography without dural puncture, fluoroscopic guidance, and interpretation, analgesic injection, myoneural injections times six sites, and intravenous sedation.

02/14/06 – Injured employee returned to Carl Salinas, M.D. It was indicated the injured employee had improvement from the injections, and that she was to start physical therapy.

There were physical therapy notes from 02/15/06, 02/16/06, and 02/22/06.

The claimant returned to A. T. Carasco, M.D., for additional injections.

Additional physical therapy notes on 02/27/06, 03/01/06, 03/06/06, and 03/08/06.

03/09/06 – The claimant returned to A. T. Carasco, M.D., who indicated he wanted the injured employee to undergo the third lumbar epidural injection, as well as attend physical therapy.

The employee received the second steroid injection on 03/16/06.

04/11/06 – A. T. Carasco, M.D., indicated the injured employee was not having ongoing pain and discomfort. Dr. Carasco gave a trial to return to employment for four hours a day with restrictions of no lifting, pushing, or pulling more than 25 pounds.

05/04/06 – A. T. Carasco, M.D. Dr. Carasco indicated the injured employee should undergo Botox, chemodenervation injections with EMG guidance, as well as a rehabilitation program three times a week for the next four weeks for a total of twelve visits.

06/22/06 – A. T. Carasco, M.D. Dr. Carasco indicated the injured employee continued to have pain and discomfort. He also wanted to give the injured employee a trigger point injection.

Disputed Services:

Preauthorization denial for therapy, CPT Code 97010, 97035, 97110, 97014, 97112.

Decision:

Denial of therapy upheld for CPT Codes 97010, 97035, 97110, 97014, and 97112.

Rationale/Basis for Decision:

The information indicated the employee was injured in ___. The employee has been undergoing pain management including epidural injections by Dr. Carrasco since early 2006. At that time, the employee was referred for additional therapy. Prior to that, the employee had already received therapy by another provider. According to the records, the claimant sustained a lumbar strain. Physical therapy was initiated early on including modalities as already described under the care of Dr. Salinas in November and December, 2005 in the form of ultrasound, moist heat, and therapeutic exercise.

The services including 97010 hot/cold packs, 97035 ultrasound, 97110 therapeutic exercise, 97014 electrical stimulation, and 97112 desensitization and neuromuscular reeducation would be appropriate within the first month or two after injury. The ***ACOEM Guidelines*** do indicate that passive modalities be initiated and are appropriate in the first one or two months following injury. Following that time, the ***ACOEM Guidelines*** recommend that progression to home exercises should follow including active exercises and less reliant on modalities which are ineffective in the subacute phase of injury.

Therefore, these services would not be appropriate after that time, by the time the employee began treatment with Dr. Carrasco in February, 2006. All treatment beyond the first one to two months, or eighteen visits of therapy, would not be considered reasonable, necessary, or supported by evidence-based literature according to ***ACOEM Guidelines***.

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 31st day of July, 2006 from the office of IMED, Inc.

Sincerely,

Charles Brawner
Secretary/General Counsel