



## 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

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### NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:**  
**IRO TRACKING NUMBER:** M2-06-1674-01  
**NAME OF REQUESTOR:** Jacob Rosenstein, M.D.  
**NAME OF CARRIER:** TASB Risk Management Fund  
**DATE OF REPORT:** 07/25/06  
**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 Neurosurgery 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. Detailed medical record summary.
2. Utilization management records from Texas Association of School Boards.
3. 12/13/04 – Extensive medical review, Michael Albrecht, M.D.
4. 03/28/05 – Radiology report, Phyllis Frostenson, M.D.
5. 03/28/05 – History & physical examination, Phyllis Frostenson, M.D.
6. 01/02/06 – David Thorne, M.D.
7. 04/05/06 – David Thorne, M.D., Addendum.
8. 05/01/06 – Daryl Pate, D.C.
9. 05/22/06 – History & neurological examination, Jacob Rosenstein, M.D.
10. 06/01/06 – Letter of appeal, Jacob Rosenstein, M.D.
11. 06/01/06 – Preoperative decision and rationale.
12. 07/11/06 – Prospective review into response, Consuelo Harwood, M.D.

**Clinical History Summarized:**

The injured employee was described as a 47 year old female with low back and known disc herniation at L4-L5 documented by previous MRI related to work trauma of \_\_\_\_.

12/13/04 – There was a review by Michael Albrecht, M.D. Dr. Albrecht stated that the injured employee sustained a mild lumbar sprain, and there was never any evidence of radiculopathy. It was also indicated that the injured employee suffered from multilevel degenerative disc disease/degenerative joint disease of the lumbar spine which was preexisting. He also indicated the effects of the injury had resolved, and surgery or a muscle stimulator was not reasonable or medically necessary.

The impression on 03/28/05 was dorsal compression at the contrast column demonstrated primarily at L4-L5 due to disc herniation at this level. Diminished nerve root sleeve filling primarily on the left was demonstrated. This documentation was by Phyllis Frostenson, M.D.

03/28/05 – A radiology report from Phyllis Frostenson, M.D. The impression at the L4-L5 level 4 mm central to left parasagittal and slightly left lateral disc extrusion/herniation was demonstrated to touch in the thecal sac and neural foramen at L3-L4 and L2-3 levels, and approximately 2 mm annular bulge was seen to touch and slightly effaced the thecal sac below the level of the exit of the nerve roots with minimal bulging of the disc annulus complex into the inferior neural foraminal epidurals fat bilaterally, left slightly greater than right.

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03/28/05 – History and physical Phyllis Frostenson, M.D. The impression was the injured employee had no contraindication to the lumbar myelogram by the best history and physical or by the evaluation of plain films. There was negative plain film radiographs of the lumbar spine.

01/02/06 – David L. Thorne, M.D., requested additional records.

04/05/06 – David L. Thorne, M.D. Dr. Thorne indicated the injured employee had undergone more treatment since the last evaluation, and she may have obtained Maximum Medical Improvement (MMI) in August, and she should be reevaluated for MMI.

05/03/06 – The assessment was lumbar radiculitis, erector spinae, myalgia, and severe depression. This was done from Daryl Pate, D.C.

05/22/06 – Jacob Rosenstein, M.D. Dr. Rosenstein requested preoperative psychological testing and evaluation and clearance, as well as a CT scan of the lumbar spine. The injured employee was also started on Pamelor for chronic pain syndrome, Robaxin as a muscle relaxant, Darvocet for pain, and Relafen as an anti-inflammatory.

06/01/06 – It was indicated that the injured employee's clinical records did not support the need for repeat imaging, and there was no evidence of progressive neurologic deficit to support repeat imaging.

06/01/06 – Jacob Rosenstein, M.D. Dr. Rosenstein wanted to appeal the injured employee denial of the CT scan to the lumbar spine.

07/11/06 – Consuelo Harwood, M.D. completed a prospective. His opinion upheld the denial of repeat imaging.

**Disputed Services:**

Preauthorization denied: lumbar CT scan @ L1-S1 with reconstruction.

**Decision:**

Denial Upheld

**Rationale/Basis for Decision:**

The employee presented with a very conflicting clinical picture and has clearly developed a chronic pain syndrome. The records indicate the employee has previously undergone electrodiagnostic testing which was reported to be benign. The limited serial examinations contained in the available records provide an inconsistent clinical presentation. The employee's reported examination results vary by examiner. The available records do not support or indicate a progressive neurological deficit. The employee appears to be stable despite the variance in examinations. The *Official Disability Guidelines* support repeat imaging studies in the presence of a progressive neurological deficit. The records further suggests that in the presence of behavioral issues, the employee may not be an appropriate candidate for operative intervention.

**References:**

1. *The Official Disability Guidelines, 11<sup>th</sup> Edition, The Work Loss Data Institute*, Accessed: 07/24/06.

The rationale for the opinion stated in this report is based on the record review, the noted guidelines, 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.

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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 25th day of July, 2006 from the office of IMED, Inc.

Sincerely,

A handwritten signature in cursive script that reads "Charles Brawner".

Charles Brawner  
Secretary/General Counsel