



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1697-01
NAME OF REQUESTOR: _____
NAME OF CARRIER: Texas Mutual
DATE OF REPORT: 08/14/06
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. Report of impairment rating evaluation dated 03/03/97 from Dr. Aaron Combs, 7 pages.
2. 08/14/96 – Operative report Shannon Medical Center, San Angelo, Texas, Robert LeGrand, M.D., 2 pages.
3. Professional Medical Resources, 3 pages.
4. 10/10/00 – Operative report by Robert LeGrand, M.D., 3 pages.
5. 10/01/03 – Operative report by Robert LeGrand, M.D., 2 pages.
6. Operative report Shannon West Texas Memorial Hospital dated 07/09/04 from Robert LeGrand, M.D., 3 pages.
7. Radiology report dated 11/11/05 from Shannon West Texas Memorial Hospital a lumbar myelogram and CT of the lumbar spine, 3 pages.
8. 12/09/05 - Steroid injection Shannon West Texas Memorial Hospital.
9. Daily notes dated 10/24/05 through 05/22/06, 2 pages.
10. 05/12/06 – Utilization review findings from Texas Mutual, 4 pages.
11. 05/25/06 – Appeal.
12. 06/01/06 – Denial.
13. 06/01/06 – Utilization review findings from Texas Mutual, 2 pages.
14. 06/01/06 – Texas Mutual to Dr. LeGrand utilization review findings, 2 pages.
15. 07/20/06 – Texas Mutual dispute.

Clinical History Summarized:

The employee was injured on ___ in an industrial accident when he fell at work.

The injured worker was seen by doctors who instituted a conservative based program including multiple weeks of physical therapy and anti-inflammatory medications with partial relief. He was given further diagnostics and was eventually taken to surgery for C2 to C7 laminectomy and placed at Maximum Medical Improvement (MMI) on 01/22/97.

The injured worker continued with back problems, and on 08/14/96 went through surgery on C2 through C7 consisting of a decompression laminectomy with multilevel bilateral foraminotomies and medial facetectomies for nerve root decompression by Dr. LeGrand, the primary surgeon.

The next surgery was on 10/20/00 consisting of an anterior discectomy at multiple levels.

On 10/01/03, medical records indicate the injured employee continued with severe lumbar L2-L3 disc disease, and an operative procedure was a left L2-L3 laminectomy with decompression of left L2-L3 with openings of lateral recesses and foraminotomies of both nerve roots by Dr. LeGrand.

Another operative report from Dr. LeGrand was a decompressive at L2-L3 and root decompression on 07/09/04.

On 11/11/05, a lumbar myelogram was administered. The impression was thecal sac deformity.

On 11/11/05, a CT of the lumbar spine was performed. The impression was post cervical changes with no significant thecal sac deformity or foraminal narrowing shown, mild spinal stenosis at L3-L4 with bilateral foraminal encroachment due to osteophyte and degenerative disc disease. Kenneth Breedlove, M.D., was the surgeon.

On 12/09/05, a steroid injection was performed by Dr. LeGrand. The injured employee was seen monthly from 1995 to 1996 by Dr. LeGrand.

On 05/12/06, treatment lumbar laminectomy and fusion with a TLSO back brace was denied.

On 06/01/06, reconsideration was denied.

On 07/20/06, Texas Mutual issued a preauthorization denial and history of statement with respect to the dispute.

Disputed Services:

Preauthorization denied for lumbar laminectomy/fusion L5-S1 with TLSO brace.

Decision:

Denial upheld for lumbar laminectomy/fusion L5-S1 with TLSO brace.

Rationale/Basis for Decision:

The clinical records indicate multiple levels of degenerative disease. There is insufficient clinical data to support that L5-S1 is the sole source of this employee's continued reports of pain. The imaging reports do not establish that the employee has an unstable motion segment at this level. It was suggested that the employee may have a bilateral defect at L5-S1. However, this was not quantified in the records, and the CT imaging studies fail to identify this defect. There are numerous studies which indicate the probability of significant or sustained improvement decreases with each additional surgical intervention. Both the ACOEM and Official Disability Guidelines recommend against fusion in the absence of motion segment instability. The ODG reports "Not recommended for workers' compensation patients in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability, and selected other conditions outlined

below. In cases other than workers' comp, after screening for biopsychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease after at least 6 months of conservative therapy". The ODG recommends:

Patient Selection Criteria for Lumbar Spinal Fusion:

For chronic low back problems, fusion should not be considered within the first six months of symptoms, except for fracture or dislocation. Indications for spinal fusion may include: 1) Neural arch defect – Spondylolytic spondylolisthesis, congenital unilateral neural arch hypoplasia, 2) Segmental instability - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability, 3) Primary Mechanical Back Pain/Functional Spinal Unit Failure (incases other than workers' com) – Multiple pain generators objectively involving two or more of the following: (a) Internal disc disruption (poor success rate if more than one disc involved), (b) Painful motion segment, as in annular tears, (c) Disc resorption, (d) Facet syndrome, and/or (e) Ligamentous tear, (4) Revision surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. 5) Infection, tumor, or deformity of the lumbosacral spine that cause intractable pain, neurological deficit, and/or functional disability. The patient most likely requires additional surgical intervention. However, the available records do not indicate that single level fusion is the best choice, and as such not considered medically necessary.

References:

1. The American College of Occupational and Environmental Medicine Buidelines. Accessed: 08/14/06.
2. S. Terry Canale, M.D., Campbell's Operative Orthopedics, 10th Edition, University of Tennessee-Campbell Clinic, Memphis, TN, Le Bonheor Children's Medical Center, Memphis, TN ISBN 0323012485.
3. The Official Disability Guidelines, 11th Edition, The Work Loss Data Institute. Accessed: 08/14/06.

The rationale for the opinion stated in this report is based on the above mentioned references, 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 (other than a spinal surgery prospective 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.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P.O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

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 15th day of August, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel