



## IMED, INC.

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### NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:**  
**IRO TRACKING NUMBER:** M2-06-1727-01  
**NAME OF REQUESTOR:** Injured Employee  
**NAME OF CARRIER:** American Guarantee and Liability (FOL)  
**DATE OF REPORT:** 09/08/06  
**DATE OF AMENDED REPORT:** 09/11/06  
**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:**

- 11/01/01 – CT head without contrast.
- 11/01/01 – Cervical complete five view.
- 11/08/01 – MRI of the cervical spine.
- 05/09/02 – Operative report, Luis Duarte, M.D.
- 06/25/02 – X-ray of the cervical spine.
- 09/10/02 – Medical evaluation for impairment.
- 09/10/02 – Functional Capacity Evaluation.
- 02/12/03 – Diagnostic imaging.
- 03/10/03 – Documentation from William McGavren, III, M.D.
- 06/05/03 – Documentation from Robert LeGrand, Jr., M.D.
- 07/10/03 – Radiology report.
- 10/20/03 – Medical documentation from Mark Sanders, M.D.
- 10/27/03 – Documentation from Robert LeGrand, Jr., M.D.
- 11/17/03 – Radiology report.
- 11/24/03 – Documentation from Robert LeGrand, Jr., M.D.
- 11/24/03 – William McGavren, III, M.D.
- 12/10/03 – Cervical myelogram.
- 12/10/03 – Operative report, Robert LeGrand, Jr., M.D.
- 12/18/03 – Medical documentation from Robert LeGrand, Jr., M.D.
- 01/13/04 – Operative report, Robert LeGrand, Jr., M.D.
- 02/12/04 – Documentation from Robert LeGrand, Jr., M.D.
- 04/22/04 – Documentation from Robert LeGrand, Jr., M.D.
- 04/26/04 – Industrial rehabilitation initial examination.
- 05/12/04 – Independent Medical Evaluation.
- 05/12/04 – Required Medical Evaluation from Rodney Simonsen, M.D.
- 05/21/04 – Documentation from Robert LeGrand, Jr., M.D.
- 07/19/04 – Documentation from Robert LeGrand, Jr., M.D.
- 10/29/04 – Operative report, Robert LeGrand, Jr., M.D.
- 11/11/04 – Documentation from Robert LeGrand, Jr., M.D.
- 11/29/04 - Documentation from Robert LeGrand, Jr., M.D.
- 12/13/04 - Documentation from Robert LeGrand, Jr., M.D.
- 01/17/05 - Documentation from Robert LeGrand, Jr., M.D.
- 03/28/05 - Documentation from Robert LeGrand, Jr., M.D.
- 04/25/05 - Documentation from Robert LeGrand, Jr., M.D.
- 05/26/05 - Documentation from Robert LeGrand, Jr., M.D.
- 06/23/05 - Documentation from Robert LeGrand, Jr., M.D.
- 07/05/05 - Documentation from Robert LeGrand, Jr., M.D.
- 07/25/05 – Operative report, Robert LeGrand, Jr., M.D.

- 09/28/05 – Operative report, Robert LeGrand, Jr., M.D.
- 11/11/05 – Epidural steroid injections.
- 12/05/05 - Documentation from Robert LeGrand, Jr., M.D.
- 12/19/05 – Documentation from Robert LeGrand, Jr., M.D.
- 01/06/06 – Operative report, Robert LeGrand, Jr., M.D.
- Additional documentation from Robert LeGrand, Jr., M.D.
- 02/09/06 – Documentation from Robert LeGrand, Jr., M.D.
- 03/02/06 – Documentation from Robert LeGrand, Jr., M.D.
- 03/13/06 – Documentation from Robert LeGrand, Jr., M.D.
- 05/08/06 – Documentation from Robert LeGrand, Jr., M.D.
- 05/22/06 – Documentation from Robert LeGrand, Jr., M.D.
- 06/09/06 – Operative report, Robert LeGrand, Jr., M.D.
- 06/15/06 – Documentation from Robert LeGrand, Jr., M.D.

**Clinical History Summarized:**

The employee was working in an oil field when he was hit in the head by a stairwell handrail injuring his neck and knocking him unconscious.

The employee was initially treatment by Robert Alexander, M.D., who found him to have a herniated disc at C5-C6 and C6-C7 with cervical radiculopathy.

The employee was referred to Luis Duarte, M.D., for surgical correction. The employee underwent surgery and was referred to rehabilitation.

An MRI of the cervical spine on 11/08/01 revealed mild degenerative disc disease at C5-C6 with a small 1-2 mm right posterolateral osteophyte at C5-C6 causing mild indentation on the right C6 axillary recess. Otherwise, it was a normal MRI examination.

On 05/09/02, there was an operative report from Luis Duarte, M.D.

On 06/25/02, the employee presented to Richard Schellin, D.O. The impression was status post C5 to C7 fusion.

On 09/10/02, the employee presented to William Pollan, D.O., for a Functional Capacity Evaluation (FCE) and impairment rating evaluation.

On 01/24/03, the employee presented to William McGavren, III, M.D., who went over the employee's medical history. The impression was chronic neck and left arm pain syndrome. The recommendation at that point was a lateral cervical spine x-ray in flexion and extension, as well

**Case No.: M2-06-1727-01**  
**Page Four**

as a postoperative cervical myelogram/CT scan to ensure that the surgery had decompressed the foramina.

On 02/12/03, there was diagnostic imaging CT cervical spine without contrast, myelogram cervical CT reconstruction, and myelogram injection.

On 03/10/03, the employee presented to William McGavren, III, M.D. The cervical spine films revealed a solid stable fusion at C5-C6-C7. There were no significant problems seen at any other levels. Further postoperative physical therapy was indicated.

On 07/10/03, the impression was post surgical changes by Gregory Jelinek, M.D.

On 10/20/03, the employee presented to Mark Sanders, M.D. Dr. Sanders indicated that a 25% impairment rating was correct.

The employee follow-up with Dr. LeGrand on 10/27/03 and 11/23/03.

On 11/17/03, a radiology report by Dr. Cole indicated an impression was unremarkable postoperative cervical spine.

On 12/10/03, a cervical myelogram by J. Christopher Cole, M.D.

On 12/10/03, there was a radiology report from Dr. Cole. Mild attenuation of the nerve roots on the left at C5-C6 and C6-C7 was indicated.

An operative report on 12/10/03 from Dr. LeGrand.

Operative report on 01/13/04, Dr. LeGrand. The procedure on that date was C5-C6 and C6-C7 laminoforaminotomy and medial facetectomy for nerve root decompression.

Follow-up with Dr. LeGrand on 02/12/04 and 04/22/04 indicated the employee was improving.

On 04/26/04, the employee presented to Industrial Rehabilitation.

There was a Required Medical Evaluation (RME) on 05/12/04 with Rodney Simonsen, M.D. He indicated that an FCE would be reasonable and necessary, and that all the pain medications were also reasonable and necessary.

On 05/23/04, Dr. LeGrand requested a neuromuscular stimulator.

The employee presented to Dr. LeGrand six months post surgery.

On 10/29/04, the employee presented for a cervical myelogram by Robert LeGrand, Jr., M.D. The employee returned to Dr. LeGrand for follow-up, and it was indicated that a cervical spine x-ray with flexion/extension views and a cervical MR scan was indicated.

There was an operative report dated 10/29/04. The procedure was a cervical myelogram, surgeon Dr. LeGrand.

The employee followed-up with Dr. LeGrand on 11/11/04, 11/29/04, 12/13/04, 01/17/05, 03/28/05, 04/25/05, 05/26/05, 06/23/05, 07/05/05. On the last date, it was indicated that the employee was taking a combination of Darvocet and Talwin and continued to be incapacitated by his chronic pain. Dr. LeGrand indicated he was trying to give an epidural steroid injection. It was also indicated the employee was to be referred for a chronic pain program.

On 07/25/05, the employee refused a steroid injection.

On 09/28/05, there was an epidural steroid injection by Dr. LeGrand.

On 11/11/05, cervical epidural steroid injection by Dr. LeGrand.

On 12/19/05, the same.

The employee returned for follow-up on 12/25/05. It was indicated his pain was returning.

Operative report 01/26/06, Dr. LeGrand.

Dr. LeGrand, 02/09/06, 03/02/06, 03/13/06, 05/08/06, 05/22/06, 06/15/06. On the last follow-up visit it was indicated that the epidural steroid injections were helping, as well as the medications.

Operative report 06/09/06. Procedure cervical myelogram.

**Disputed Services:**

Items in dispute: Preauthorization denial for epidural steroid injections cervical spine.

**Decision:**

Denial upheld.

**Rationale/Basis for Decision:**

At the present time, the request for additional cervical spine epidural steroid injections is not considered medically necessary. Dr. LeGrand's follow-up notes do not indicate the percent of relief that the employee has obtained from these injections. However, it was noted in the *Official Disability Guidelines* that during the therapeutic phase, repeat blocks should only be offered if there is 50% pain relief for six to eight weeks. There is a general recommendation of no more than four blocks per region per year. It is clear from the available medical records that the employee has exceeded the four blocks per year guideline, and there was no clear indication that continued cervical epidural steroid injections will provide the employee significant relief greater than two to three weeks.

**References:**

1. Laxmaluh Munchikunti, M.D., Vigay Singh, M.D., David Kloth, M.D., Curtis W. Slipman, M.D., Joseph F. Jasper, M.D., Andrea M. Trescol, M.D., Kenneth G. Varley, M.D., Sulrum L. Atluri, M.D., Carlos Giron, M.D., Mary Jo Curran, M.D., Jose Rivera, M.D., A. Ghalfoor Buha, M.D., Cyrus E. Bakhit, M.D., and Merrill W. Reuter, M.D. *American Society of Interventional Pain Physicians Practice Guidelines, Pain Physician, Volume 4, Number 1, pp 24-98, 2001.*
2. *The Official Disability Guidelines, 11<sup>th</sup> Edition, The Work Loss Data Institute.* Accessed: 09/05/06.

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 (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

**Case No.: M2-06-1727-01**  
**Page Seven**

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.

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 8<sup>th</sup> day of September, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel