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: M2-06-1755-01
NAME OF REQUESTOR: Espana Chiropractic
NAME OF CARRIER: Charter Oak Fire Insurance Company
DATE OF REPORT: 08/15/06
DATE OF AMENDED REPORT: 08/22/06
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 a chiropractic doctor 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:

1. Chiropractic office notes from P. Espana, D.C., dated 03/20/06 through 04/17/06.
2. 04/24/06 letter of reconsideration.
3. 05/25/06 peer review by G. Medley, M.D.
4. Advantage Healthcare System Functional Capacity Evaluation (FCE) dated 05/22/06.
5. 05/25/06 denial letter from St. Paul Travelers.
6. Notification of IRO assignment.

Clinical History Summarized:

It appears the employee was 57 years old when he sustained an occupational injury on ___. The records suggest that the employee slipped and fell on some ice landing backwards and striking his head. The employee reported a head, neck, and upper back injury. There was, however, no evidence of loss of consciousness.

L.T. Johnson, M.D., first began treating the employee on or around 12/30/05. This orthopedic surgeon performed radiographs of the cervical spine and those were negative for acute or traumatic central pathology, but there were mild degenerative changes noted.

The employee was next referred to Methodist Hospital for complaints of headaches, as well as nausea and he was also evaluated in the emergency room where an MRI of the head was performed. No acute pathology was identified and the employee was released at that point.

The employee was originally diagnosed with a closed head injury, as well as a hyperflexion injury of the neck, but it appeared he did not return to the office of Dr. Johnson and instead sought treatment with Dr. P. Espana, where chiropractic care was initiated. The first chiropractic office visit occurred on 01/17/06 and therapies included passive treatments, as well as manipulation. Active care was started and by 03/20/06, pain levels were as low as 2/10. Over the next month, by 04/17/06, pain levels were still listed as 2/10. Therapeutic exercises now were listed as being performed at a duration of 30 minutes, as opposed to 15 minutes.

It appeared that approximately around 04/24/06, the employee was recommended to undergo a work hardening program. This initial request was denied.

As of 05/22/06, a Functional Capacity Evaluation (FCE) was documented. The employee's occupation was listed as a maintenance worker and according to ***The Dictionary of Occupational Titles***; a maintenance worker does have a strength requirement of heavy, which was lifting up to 100 pounds on an occasional basis.

The narrative report for the FCE suggested the employee could only qualify for a medium duty capacity occupation. No significant deficits were documented and the employee had completely normal or above normal range of motion in the lumbar spine, as well as the thoracic spine. In the cervical spine, extension was mildly reduced to 46 degrees. Left and right lateral flexion was reduced to 40 degrees. Otherwise, the employee had above normal motion in the remainder of the cervical spine.

During the NIOSH lifting tests, the employee was able to lift up to 100 pounds during the arm lift, up to 200 pounds during the torso lift, up to 250 pounds during the leg lift, up to 90 pounds during the high far lift, up to 210 pounds during the floor lift, and up to 165 pounds during the high near lift.

Base lifting capacity after appropriate conversions suggested the employee could safely lift on an occasional basis up to 123 pounds during the high near lift, up to 110 pound during the floor lift, up to 67 pounds during the high far lift, up to 125 pounds during the leg lift, and up to 100 pounds during the torso lift. Arm lift was calculated as up to 75 pounds on an occasional basis.

The FCE narrative suggested the employee was only able to function completely in the medium physical demand capacity, but his occupation required the heavy lifting ability. Therefore, it was recommended that the employee undergo work conditioning to help return him to full duty. It appeared records indicated that a prior physician performing a peer review and/or preauthorization request contacted Dr. Espana by telephone on 05/23/06. It was reported that Dr. Espana did confirm the employee was working light duty up to eight hours per day.

Disputed Services:

Preauthorization denied for thirty sessions of work conditioning.

Decision:

Denial upheld for thirty sessions of work conditioning.

Rationale/Basis for Decision:

The employee sustained a soft tissue injury on ___ and it only involved the neck and upper back region. There were no significant chiropractic records which confirmed any other complaints outside of the head and neck areas. Furthermore, no significant objective findings were documented in any of the chiropractic records to suggest anything more than a neck or

upper back complaint, or "injury". According to ***The Official Disability Guidelines*** online, a neck injury does not qualify for a work conditioning or work hardening program.

Even if this employee was suggested to have some type of lumbar spine injury, his FCE of May, 2006, confirmed he had more than the required ability to return to work in a full duty capacity, with regard to the lumbar spine. He was able to lift more than 100 pounds occasionally during all lumbar spine activities. In fact, even during overhead activities, with regard to the high near lift, the employee was able to lift more than 100 pounds.

One final comment was in regard to the fact the employee was already at work in a light duty capacity. Work was the best place for a soft tissue injury to heal. Work was also the best place for the employee to begin transitioining to full duty status. A work hardening and/or work conditioning program will never approximate the benefits of returning the employee back to work in his natural environment, with minimal restrictions in lifting. In this instance, the employee could indeed have some lifting restrictions of only lifting close to his body, i.e. a high near lift of over 100 pounds or not lifting more than 70 pounds on an occasional basis above the head. It was unclear what the employee's actual lifting requirements are since no one has ever documented contacting the employer directly, but it was highly unlikely that this individual would be required to lift more than 100 pounds over his head.

Based on the records and the guidelines cited above, there is no reason to overturn the denial of the prior preauthorization request.

Therefore, the preauthorization request for thirty sessions of work conditioning is denied.

The rationale for the opinion stated in this report is based on the referenced guidelines and records 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 17th day of August, 2006 from the office of IMED, Inc.

Sincerely,

Charles Brawner
Secretary/General Counsel

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