



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1833-01
NAME OF REQUESTOR: _____
NAME OF CARRIER: Texas Mutual Insurance
DATE OF REPORT: 08/31/06
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:

- Medical notes from Kayce Frye, D.C., dated 01/17/06 through 01/19/06.
- 01/18/06 – Spine Advanced Pain Solutions, Jaime Sued, M.D.
- MRI of the lumbar spine dated 01/18/06.
- 02/16/06 – Gerardo Zavala, M.D.
- 03/02/06 – Gerardo Zavala, M.D.
- 03/02/06 – EMG/NCV studies of the lumbar spine and bilateral lower extremities.
- 03/02/06 – Gerardo Zavala, M.D.
- 03/27/06 – Gerardo Zavala, M.D.
- 05/19/06 – CT lumbosacral myelogram.
- 05/19/06 – Epidural steroid injections.
- 05/30/06 – Gerardo Zavala, M.D.
- 07/12/06 – Presurgical mental health evaluation from Jose Gonzales, MA, LCDC, LPC.
- 07/20/06 – Texas Mutual Insurance

Clinical History Summarized:

The employee was injured while employed as a funeral director. The employee reported that on ___ she was pulling a casket out of a hearse when she felt a pinching pain to her low back that radiated to her bilateral gluteus and right posterior thigh.

The employee sought chiropractic care from Kayce Fry, D.C. The employee was referred to Dr. Jaime Sued on 01/18/06 for pain management.

The employee continued to experience low back pain and was referred for an MRI of the lumbar spine on 01/18/06. The MRI reported a bilateral pars defect at L5 with an 8 mm anterolisthesis of L5 on S1. There was decreased height and signal of the L5-S1 disc, and there was also evidence of endplate changes. Additionally, there was decreased signal within the discs at L2-L3 and L3-L4. There was a mild decrease in height at the L3-L4 level. There was mild spondylosis of the spine and a small hemangioma at the L2 vertebral body. The overall impression was an underlying bilateral pars defect and a Grade I spondylolisthesis. There was no significant acquired canal stenosis; however, there was bilateral nerve root impingement at L5-S1.

The employee was seen by Dr. Gerardo Zavala on 03/02/06. The employee reported low back pain with radiation to the right lower extremity that extended to the calf and foot. Upon examination, the employee reported decreased lumbar range of motion secondary to pain and spasms. Straight leg raising was positive on the right at 40 degrees. The neurological examination was within normal limits. Deep tendon reflexes were decreased at the ankles. There was no focal motor

deficit, but there was decreased sensation at the L5-S1 dermatome on the right. The employee was allowed to return to work on a light duty basis.

Additionally, the records include an EMG/NCV study performed on 03/02/06. This study reported evidence suggestive of a right L5 radiculopathy on needle examination.

The employee was referred for a lumbar myelogram on 05/19/06. This study indicated a small posterior disc bulge at L2-L3 which did not result in spinal stenosis. There was no evidence of neuroforaminal stenosis at any level and a Grade I spondylolisthesis at L5-S1.

On 07/12/06, the employee was referred for a mental health presurgical consultation. The result of this evaluation was that the employee was reported to be a good candidate for the proposed surgery. Dr. Zavala has requested to perform a bilateral decompressive laminectomy with posterior lumbar interbody fusion.

Disputed Services:

Items in Dispute: Preauthorization denied for bilateral decompressive laminectomy.

Decision:

Preauthorization for bilateral decompressive laminectomy should not be denied.

Rationale/Basis for Decision:

The employee is refractory to conservative management and has very significant motion segment instability at L5-S1. This was reported to be an 8 mm anterolisthesis, which by definition would be a Grade II and not a Grade I as reported. The records further indicate a bilateral pars defect, which is most likely congenital and not traumatic.

The employee's physical examination correlates closely with imaging and electrodiagnostic studies. Despite any potential relatedness or compensability issues, this meets medical necessity for the requested procedure. "In cases of progressive neurologic deterioration or in the presence of mild to moderate myelopathy and concordant radiographic abnormality, the neural elements should be decompressed. Decompression may be accompanied by appropriate fusion, instrumentation, or both when instability or spondylolisthesis is documented radiographically. In the absence of neurologic deficits but in the presence of a concordant radiographic cause of symptoms, decompression should be considered if conservative management fails. The indications for surgical intervention become less clear in patients with mechanical pain without a significant radiographic abnormality. In such cases, discography may be considered for

localization of the painful motion segment, although its use remains controversial. Conservative therapy is the treatment of choice in these patients. However, surgical fusion may be considered in select individuals after careful consideration of additional psychosocial factors that could contribute to their pain.”

Reference:

Nicholas C. Bambakidis, M.D., Iman Feiz-Erfan, M.D., Jeffrey D. Klopfenstein, M.D., and Volker K. H. Sonntag, M.D., *Indications for Surgical Fusion of the Cervical and Lumbar Motion Segment. Spine 2005; 30-S1-S6.*

The rationale for the opinion stated in this report is based on the references, the records reviewed, 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

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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 1st day of September, 2006 from the office of IMED, Inc.

Sincerely,

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

Charles Brawner
Secretary/General Counsel