



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: M2-06-1917-01
NAME OF REQUESTOR: Active Behavior Health & Pain Rehab
NAME OF CARRIER: Old Republic Insurance Company
DATE OF REPORT: 09/29/06
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 Pain 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. An office note from Phil Bohart, a Licensed Professional Counselor, dated 04/20/06.
2. An office note from Total Pain Medicine & Anesthesiology by Dr. Farhat.
3. Office notes from Dr. Small dated 04/24/06, 05/01/06, 05/08/06, 05/22/06, 06/14/06, & 07/03/06.
4. Treatment summary from Active Behavioral Health dated 06/24/06.
5. A Designated Doctor Evaluation dated 07/13/06.

Clinical History Summarized:

The employee sustained a laceration between the fourth and fifth digits on the left hand when cut by a skill saw.

The employee received a behavioral medicine evaluation by Phil Bohart, a Licensed Professional Counselor, on 04/20/06. It was documented the claimant underwent surgical intervention on 02/20/06 by Dr. Ippolito. The claimant received postoperative physical therapy and was released to work with restrictions on 03/22/06. The evaluation indicated the claimant transferred care from Dr. Ippolito to a chiropractor, Dr. Sabia, on 03/30/06. It was recommended that the claimant receive treatment in the form of individual counseling once a week for at least six weeks.

The employee was evaluated by Dr. Small on 04/24/06 and was provided a prescription for Zoloft.

Dr. Small reevaluated the employee on 05/01/06, and Zoloft was increased to a dose of 50 mg per day.

On 05/08/06, Dr. Small indicated that the employee was on a regimen of Lortab 10 (on an average of five to six a day), Celebrex, and Lyrica.

The employee returned to see Dr. Small on 05/22/06, and it was recommended that the employee increase Zoloft to a dose of 100 mg per day.

The employee returned for a reevaluation with Dr. Small on 06/19/06 and 07/03/06. On 07/03/06, it was documented that the employee was on a prescription medication regimen of Lyrica, Xanax, Zoloft, Lortab, and Celebrex.

The employee was evaluated by Dr. Farhat on 06/21/06 and was diagnosed with causalgia of the left fourth finger medial digital nerve. It was recommended that the employee receive a left stellate ganglion block.

A Designated Doctor Evaluation was accomplished by Dr. Stetzner on 07/13/06, and the employee was placed at Maximum Medical Improvement (MMI). Dr. Stetzner indicated the employee had a normal MRI and x-rays. Dr. Stetzner indicated there did not appear to be any findings on physical examination that would be worrisome for findings consistent with a reflex sympathetic dystrophy on the left upper extremity.

A treatment summary assessment from Active Behavioral Health dated 06/29/06 indicated that the claimant had received six of six authorized sessions of psychotherapy. It was recommended that the claimant receive biofeedback treatment, as well as treatment in the form of individual counseling.

Disputed Services:

Item in Dispute: Biofeedback therapy 1 x 6 weeks with three modalities (EMG, PNG, & **TEMP**).

Decision:

Denial upheld.

Rationale/Basis for Decision:

The medical necessity for biofeedback treatment was not established. The records document that the employee sustained a laceration of the left hand between the fourth and fifth digit. The employee underwent surgical repair of this laceration. On 07/13/06, there were no findings worrisome for a definitive diagnosis of reflex sympathetic dystrophy in the left upper extremity. Dr. Ippolito released the claimant to return to restricted work activities long ago. The evaluation by the designated doctor on 07/13/06 indicated the laceration had fully healed.

As supported by **Practical Management of Pain** by Raj, Chapter 31, treatment in the form of biofeedback for this type of situation has not been determined to yield conclusive evidence for the utility for this form of treatment as a management of subjective pain complaints. There is documentation in the medical literature which would support that this form of treatment would not be medically necessary in this specific case. Additionally, the documented physical examination findings described by the designated doctor on 07/13/06 would not indicate there were any significant findings on physical examination worrisome for reflex sympathetic

dystrophy of the left upper extremity. Additionally, the Designated Doctor Evaluation did not indicate there were any significant issues present with regard to presence of anxiety.

Therefore, treatment in the form of biofeedback would not be medically necessary.

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 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.

Case No.: M2-06-1917-01
Page Five

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 2nd day of October, 2006 from the office of IMED, Inc.

Sincerely,

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

Charles Brawner
Secretary/General Counsel