



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1960-01
NAME OF REQUESTOR: Dean McMillan, M.D.
NAME OF CARRIER: Dallas National Insurance Company
DATE OF REPORT: 10/11/06
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 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. Cervical MRI report from North Houston Imaging Center dated 04/19/06.
2. Electrodiagnostic assessment of the upper extremities dated 05/09/06.
3. Office notes from Pain Management Consultants, Dr. Vidal, dated 07/10/06, 07/24/06, & 08/14/06.
4. Documentation from Lewis & Backhus, P.C., dated 09/15/06.

Clinical History Summarized:

The employee developed difficulty with cervical and left upper extremity pain after sustaining an injury in the workplace on ___ while attempting to prevent a large piece of metal from falling.

A cervical MRI was accomplished on 04/19/06 and by report this study revealed findings consistent with a 2 mm broad-based disc bulge with osteophytic ridging that minimally indented the cervical spinal cord at C4-C5. Additionally, the report described a 1.5 mm disc bulge with an osteophytic ridge at C3-C4 and C6-C7, as well as a 1.5 mm osteophytic ridge with 40% bilateral neural foraminal stenosis at C5-C6.

An electrodiagnostic assessment was accomplished on 05/09/06. By report, this study obtained on the upper extremities revealed findings consistent with "irritation of the bilateral C6 and left C4 nerve roots".

The employee was evaluated by Dr. Vidal on 07/10/06, 07/24/06, and 08/14/06. It was recommended that the employee receive treatment in the form of a cervical epidural steroid injection.

An official procedure report was not available for review as it relates to treatment in the form of a cervical epidural steroid injection. However, a document from Lewis & Backhus, P.C., dated 09/15/06 indicated that "there is no indication of any success following the initial epidural steroid injection". Thus, it appears that the claimant did receive a cervical epidural steroid injection, but reportedly the injection did not provide any reduction in pain symptoms.

Disputed Services:

Items in Dispute: Preauthorization denied for cervical epidural steroid injections.

Decision:

Denial upheld.

Rationale/Basis for Decision:

The medical necessity for a cervical epidural steroid injection was not established. The ACOEM Guidelines with regard to treatment of the cervical spine indicates that the medical literature documents that cervical epidural steroid injections are of “questionable benefit”. The medical records indicate the claimant received access to a cervical epidural steroid injection which reportedly did not provide significant reduction of pain symptoms. With this documentation, the medical necessity of a cervical epidural steroid injection was not established. The records suggest that an attempt at such treatment in the past did not provide benefit to the employee. Additionally, ACOEM Guidelines would not support such a procedure to be a medical necessity at the present time.

The rationale for the opinion stated in this report is based on the above mentioned guidelines, 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:

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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 10th 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