



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1987-01
NAME OF REQUESTOR: Steven Enabnit, D.C.
NAME OF CARRIER: Liberty Mutual
DATE OF REPORT: 09/28/06
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 a chiropractic physician reviewer who is Board Certified 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. 01/19/05 – Golden Triangle Neurocare, 4 pages.
2. 02/08/05 – Golden Triangle Neurocare, 2 pages.
3. 03/21/05 – Golden Triangle Neurocare, 2 pages.
4. 06/16/05 – Golden Triangle Neurocare, 2 pages.
5. 09/14/05 – Golden Triangle Neurocare, 2 pages.
6. 12/07/05 – William R. Frances, Jr., M.D., 1 page
7. 12/07/05 – William R. Frances, Jr., M.D., 2 pages
8. 07/20/06 – Accident & Injury Center, 4 pages.
9. 07/26/06 – Accident & Injury Center (peer), 1 page.
10. 07/26/06 – Accident & Injury Center Preauthorization Request, 3 pages.
11. 07/28/06 – Accident & Injury Center, 3 pages.
12. 07/31/06 – Liberty Mutual, 2 pages.
13. 07/31/06 – Professional Reviews, Inc., 2 pages.
14. 08/02/06 – Liberty Mutual, 2 pages.
15. 09/06/06 – Professional Reviews, Inc., 3 pages.

Clinical History Summarized:

The employee was injured on ___ when he was involved in a motor vehicle accident (MVA) while performing his normal work activities. He was struck from behind and thrown forward into the vehicle in front of him. He was wearing his seatbelt, but experienced immediate neck and back pain.

The employee was seen at the local emergency room where x-rays were performed and he was prescribed medications.

The employee was next seen by Mark Kubala, M.D., in January of 2005. Pain was rated 8/10. There was indication of a possible compression fracture of the L4 vertebra. However, upon closer inspection, it was noted that the employee merely had decreased height of the vertebral body when compared to other vertebral bodies. There was no evidence of acute fracture. It was likely that this was congenital or from an old remote trauma. It was noted that he had previously tried several sessions of physical therapy, but this had worsened his condition. A prior MRI was also performed in December of 2004, which noted an annular fissure at the L4 disc, with degeneration at the L3-L4, L4-L5, and L5-S1 levels. He had limited back mobility and pain with extension, and reproduction of mechanical only low back pain upon straight leg raise. Neurological examination was normal, with no motor, sensory, or reflex deficits. The diagnoses were degenerative disc and mild disc bulge. It was recommended that he continue conservative

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measures, but if there was no noted improvement, then a course of epidural steroid injections would be considered.

By March of 2005, an injection had been performed by Dr. Dumitru, which had not provided any improvement. He continued to take medications for pain. Dr. Kubala suspected that he may eventually need a fusion surgery, but was not going to advocate it at this point.

The last report from Dr. Kubala was in June of 2005, where it was noted that he had failed to respond to physical therapy, epidural steroid injections, and nerve block. A repeat MRI continued to show degenerative disc disease, but no disc rupture. Dr. Kubala recommended reserving surgery if his condition significantly worsened.

In an orthopedic surgical consultation in December of 2005 with William Francis, M.D., who recommended a discogram and that the injured worker may qualify for an artificial disc.

There was a gap in the records until July of 2006, which was an initial examination performed by Steven Enabnit, D.C. This noted the history of the injury to date. Pain was rated 5/10 in the low back and 3/10 in the neck. Diagnoses included lumbar intervertebral disc displacement and cervical segmental dysfunction, with accompanying lumbar segmental dysfunction. Recommendations were for spinal decompression of the lumbar spine, three times a week for a total of twenty visits. After speaking with a peer review doctor, the treatment recommendations were altered to physical therapy for a total of twelve sessions prior to initiating decompression treatment.

A preauthorization request was submitted on 07/28/06. Denial of the requested treatment was provided by a peer review doctor, Thomas Sato, D.C., on 07/31/06. He recommended adverse determination given that the request was now a year and a half post injury. The employee's condition was obviously chronic and it would be inappropriate following the standards of chiropractic care and treatment. He felt the request for active rehabilitation for the lumbar spine was not appropriate at this time based on *ACOEM Guidelines*, *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, and *Official Disability Guidelines (ODG)*.

After that period, another peer review was performed on 09/06/06 by Vincent F. Amato, DC. This report agreed with 7/31/06 report that that the request for physical therapy, including therapeutic exercises and kinetic activities to the neck and back for a condition now a year and a half chronic would be considered inappropriate by all known standards of chiropractic care and treatment.

Disputed Services:

Items in Dispute: Preauthorization denial for twelve sessions of physical therapy for CPT codes 97110, 97150.

Decision:

Denial upheld.

Rationale/Basis for Decision:

At this point, the employee appeared to have sustained a sprain/strain injury to the lumbar spine superimposed on preexisting degenerative changes and minor disc pathology as a result of an MVA on _____. He was initially treated with conservative measures, which was unsuccessful. He was also treated with physician based care, which included medications and injections, and this was not successful. A lumbar surgery was recommended by two separate physicians. As to what was felt to be the ultimate outcome for this particular individual, it was felt that sometime in the future the employee's chronic back pain may require surgery in order to fully relieve the employee's symptomatology. Over one and a half years following the injury, the employee presented for chiropractic treatment for the _____ injury. Preauthorization for twelve sessions of physical medicine and rehabilitative therapies likely to be accompanied by manipulation were proposed by Dr. Enabnit and subsequently denied by two separate peer review physicians. The initial peer review physician recommended adverse determination based on two main facts.

1. The employee's injuries are over one and a half years old and were not chronic.
2. The time window for treatment for this particular injury had closed and any therapies provided did not causally be related to the events of _____.

Review of the documentation led me to concur with the supposition that the employee's present symptomatology certainly could not be absolutely attributed to the events of _____. Given the expanse of time (one and a half years) that has lapsed between the MVA and present day, there was certainly enough time for an intervening injuries to have occurred or that the employee's well documented low back pain could merely be aggravated on a day-to-day basis by his activities of daily living (ADL). The employee's condition certainly plateaued in June of 2005 at the very latest, when it was noted that both conservative care, including physical medicine and rehabilitative therapies, as well as physician based care, including medications, injections, were no longer beneficial. Treatment after that time period was noted to be sporadic. He presented to the office of Dr. Francis, who recommended further diagnostic investigation, but this was not pursued. It was presumed that this was because the employee did not desire surgical intervention. Given that fact, there was almost one year's difference between the last visit with

Dr. Kubala, and the initial visit with Dr. Enabnit, it would certainly be shown that the stability in the employee's condition and this particular situation was not in critical need of ongoing treatment. Dr. Sato also noted that several documents including the *ACOEM Guidelines*, (*ODG*), and *Guidelines for Chiropractic Quality Assurance and Practice Parameters* did not support chiropractic care at such a late date to be directly attributable to this particular injury. Therefore, the recommendation for adverse determination should be upheld and there would be no need for ongoing supervised treatment at this point. He should be well educated on a home exercise program. If he desired to pursue chiropractic care, he should do this under his major medical carrier or on a non workers comp basis.

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:

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.

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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 3rd 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