



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1205-01
NAME OF REQUESTOR: Active Behavioral Health / Phil Bohart
NAME OF CARRIER: St Paul Fire & Marine Insurance/Travelers/F.O.L.
DATE OF REPORT: 05/22/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX TO:

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 a Doctor 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:

- IRO referral form from IMED, Inc. which lists questions such as a request for two hours of psychological testing, one page.
- Initial examination by John Sazy, M.D., one page.
- Clinical SOAP notes and evaluation material from Marival Subia, D.C., dated from 04/13/05 to 04/28/06 totaling sixty-one pages.
- Documentation dated 04/21/05 from Andrew Small, III, M.D., one page.
- Documentation from Neuro Science Centers dated 05/04/05 including upper and lower electrodiagnostic testing signed by Kevin Cowens, M.D., five pages.
- Delivery confirmation to IMED, Inc. in regard to material for IRO dated 05/08/06, one page.
- Documentation from Andrew Small, III, M.D., dated 05/05/05, one page.
- Documentation from John Sazy, M.D., dated 05/23/05, two pages.
- Documentation dated 05/23/05 from John Sazy, M.D., one page.
- Documentation dated 06/07/05 from Andrew Small, III, M.D., one page.
- Documentation from Total Pain Medicine & Anesthesiology dated 06/22/05 signed by George Farhat, M.D., one page.
- Documentation from Total Pain Medicine Irving Surgery Center procedure report dated 06/24/05 for epidural steroid injections, two pages.
- Discharge orders on 06/24/05, one page, from George Farhat, M.D.
- Documentation from Andrew Small, III, M.D., dated 06/28/05, one page.
- Procedure report from Total Pain Medicine Southwest Surgical Hospital dated 07/08/05 by George Farhat, M.D., two pages.
- Office visit by Andrew Small, III, M.D., dated 07/12/05, one page.
- Office visits from Total Pain Medicine & Anesthesiology dated 07/19/05 by George Farhat, M.D., one page.
- Documentation from Total Pain Medicine & Anesthesiology in regard to peer-to-peer review by George Farhat, M.D., dated 07/27/05, one page.
- M.D., dated 08/12/05 for right S1 nerve root block, two pages.
- Documentation from Total Pain Medicine & Anesthesiology office visit dated 08/24/05 by George Farhat, M.D., one page.
- Documentation from Brice Benbow, M.D., an osteopath, dated 09/15/05, two pages.
- Documentation in regard to office procedure note from Total Pain Medicine & Anesthesiology dated 10/10/05 by George Farhat, M.D., one page.
- Documentation from Francisco Battle, M.D., at Well Spine, P.A., dated 10/24/05, four pages.
- Documentation from Total Pain Medicine & Anesthesiology office visit dated 11/01/05 by George Farhat, M.D., one page.
- Preoperative medical evaluation performed by Charles Loehr, M.D., dated 12/14/05, three pages.

- Physical therapy referral sheet from Spinal Solutions by Francisco Battle, M.D., dated 01/16/06, one page.
- Documentation from Total Pain Medicine & Anesthesiology dated 01/23/06 by George Farhat, M.D., one page.
- Office visit from Total Pain Medicine & Anesthesiology dated 02/22/06 by George Farhat, M.D., one page.
- Request for evaluation and assessment of adult disorders from Summit Rehabilitation Centers dated 03/03/06, two pages.
- Initial behavioral medicine consultation from Active Behavioral Health & Pain Rehab Centers by J. D. Masingill dated 03/10/06, six pages.
- Documentation from Active Behavioral Health & Pain Rehab for behavioral testing preauthorization request dated 03/16/06, one page.
- Preauthorization determination dated 03/20/06 from Corvel stating denial, one page.
- Request for testing from Active Behavioral Health & Pain Rehab dated 03/27/06 by Claudia Ramirez, a licensed professional counselor, four pages.
- Documentation from Corvel dated 03/31/06 stating denial of psychological testing, one page.
- Documentation from Flahive, Ogden & Latson, Attorneys At Law, dated 05/01/06, two pages.
- Requestor's position regarding preauthorization from Active Behavioral Health & Pain Rehab dated 05/05/06, four pages.

Clinical History Summarized:

The claimant was injured as a result of a work related injury while employed as an iron worker for . The injured worker had been employed for approximately two years before the time of the accident. He stated a connecting beam fell on top of his back and pinned him to the ground.

Since that time, he has received conservative treatment and surgical treatment with injections. He has also received various forms of advanced imaging and electrodiagnostic testing.

Disputed Services:

Psychological testing x two hours (including MBMD and BH1-2 96100).

Decision:

Medical necessity for treatment in the form of a left SI transforaminal epidural steroid injection could not be established.

Rationale/Basis for Decision:

The claimant has BDI and BAI scores that are within normal range. The description of his pain on a 1/10 scale states that his average is very low at 2-3 on the visual analog scale of 1/10. There was some report of 9/10 inability to work, but his daily averages are very low. When looking at his target symptoms, his irritability and restlessness was fairly low. Frustration and anger was very low in regard to being specifically involved. His family problems were very low. Vocational stresses were very low. Insurance claim issues were very low. Muscle tension was fairly high at 4/10. Nervousness and worried-ness was low at 3/10. Signs of depression were 1/10, meaning it was nonexistent. Sleep problems were 4/10, indicating significance and forgetfulness at 3/10. It appears that the majority of the mental status components were fairly low, and the only things that were high were things like muscle tension and sleep problems. Signs of depression were low. Nervousness and worried-ness were fairly low. Other times, mental issues were low.

Therefore, the majority of the scales used to look at mental performance and emotional capabilities were low. The injured worker's mental status examination and clinical observations were fairly low. None of the documentation points toward the need for psychological intervention.

Clinical Criteria or Utilization Guideline or Other Material Referenced:

1. Occupational Medicine Practice Guidelines Second Edition.
2. ODG Guidelines.
3. Medical Disability Advisor written by Presley Reed.

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.

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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.

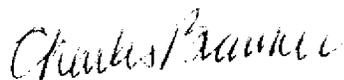
If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 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.

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 30th day of May, 2005 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel