IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1859-01
NAME OF REQUESTOR: Canton Healthcare Systems
NAME OF CARRIER: Insurance Company of the State of PA
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 cased 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 D.O. physician reviewer who is Board Certified in the area of Orthopedic Surgery 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 Clinical History Summarization:

The employee was injured on ___ while employed by . The employee was moving a cart loaded with trash cans when she began complaining of low back pain that radiated to the left leg. She also had some neck pain, left shoulder pain, and upper back pain.

The employee went through a comprehensive program of physical therapy, medications, and psychological evaluation.

An MRI of the lumbar spine was essentially normal. A discogram of the lumbar spine was essentially normal. Epidural steroid injections did not help.

The employee continues to complain of low back pain that radiates to the knee on the left side. There was no paresthesia or anesthesia in the toes.

Dr. Benzel MacMaster, an orthopedic surgeon at Glen Lakes Orthopedic Clinic, performed a Required Medical Evaluation (RME) on 03/26/02. Dr. MacMaster reported normal reflexes, strength, and sensation in the bilateral lower extremities. Dr. MacMaster noted the MRI revealed minimal facet arthrosis and mild annular protrusion. Dr. MacMaster felt there was a large discrepancy between the subjective complaints and the objective findings. Dr. MacMaster's opinion was that the extent of the injury might have been a temporary aggravation of the preexisting degenerative conditions and felt the employee could return to light duty.

An EMG later performed by Dr. Barbara Davidson was normal.

Dr. MacMaster examined the employee on 02/28/06 and again noted a normal neurological examination with essentially negative straight leg raising. There was tenderness over the sacroiliac joints and subjectively limited range of motion. The employee continued to have normal reflexes, strength, and sensation of the bilateral lower extremities. At that time, medications included Duragesic Patch every three days, Neurontin 600 mg t.i.d., and Soma 350 mg q.h.s. Her complaints continued to be back pain radiating to the left leg. Dr. MacMaster felt that there was no evidence of structural damage that might have existed following the injury of ___. Dr. MacMaster also felt there was no reason for additional treatment.

Melissa Cooper, LMSW, performed an evaluation on 05/24/06. The psychological evaluation included the pain behaviors observed by the therapist. The Axis I diagnostic impression was mood disorder due to chronic pain with mild depressive features resulting from the work injury.

The recommendation was for a pain management program. This request has been denied by a previous review.

Disputed Services:

Items in Dispute: Ten sessions of chronic pain management.

Decision:

Denial upheld.

Rationale/Basis for Decision:

After a comprehensive review of all the medical records provided covering the last eight years, there is very little evidence to find that any structural damage was ever sustained by this employee. She certainly had degenerative changes in the cervical and lumbar spine that may have had a temporary aggravation.

The evaluation by Dr. MacMaster in 2002 and again in 2006 found the employee to be neurologically intact.

The effectiveness of multidisciplinary rehabilitation is limited, especially in nonmalignant musculoskeletal pain. Some studies have shown no quantifiable benefit for either fibromyalgia or widespread musculoskeletal pain.

This employee has subjective complaints that far outweigh the objective findings. The diagnostic studies have included normal MRI, normal discogram, and normal EMG. The employee has experienced other intervening noncompensable injuries that may have contributed to her current status. In any respect, there were no indications for a chronic pain management program in this employee. Any effects of the mild injury have resolved long ago, and the employee should be treated with home exercise and over-the-counter medications. The narcotic medications are not indicated for treatment of this long-term problem.

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.

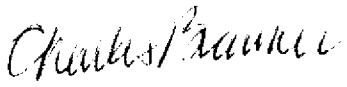
If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011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

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 29th day of September, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel