



## 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:** M2-07-0001-01  
**NAME OF REQUESTOR:** Physical Medicine  
**NAME OF CARRIER:** American Home Assurance Co./ARCMCI  
**DATE OF REPORT:** 10/01/06  
**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 Physical 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 CT scan report dated 09/26/02.
2. Office note from Dr. Vollmert dated 10/01/02
3. Office notes from Dr. Weiss dated 10/18/02, 11/01/02, 11/29/02, & 10/06/05.
4. Cervical CT scan/myelogram reported dated 10/30/02.
5. Letter of preauthorization from Aetna dated 08/02/05 for treatment as it relates to a chemical dependency program.
6. Office note from Dr. Cannon dated 09/13/05.
7. Designated Doctor Evaluation from Dr. Nowac dated 11/11/05.
8. Office notes from Dr. Halberdier dated 06/13/06, 07/12/06, 07/13/06, 07/28/06, & 08/09/06.
9. Cervical MRI report dated 07/18/06.
10. Left shoulder MRI report dated 07/18/06.
11. Physical medicine progress report, eight in total, dated 07/25/06 to 09/11/06.
12. Office note from Dr. Torres dated 08/03/06.

**Clinical History Summarized:**

The employee developed difficulty with cervical pain and left upper extremity pain while performing lifting activities in the workplace.

A cervical MRI dated 09/26/02 revealed findings consistent with an anterior bony fusion at C5-C6. The report did not describe any findings worrisome for signal changes in the spinal cord.

The employee was evaluated by Dr. Weiss on 10/18/02, and it was documented that the employee underwent a cervical spine surgical procedure in April, 2002. The employee was on a prescription medication regimen of Norco and Soma.

A cervical CT scan/myelogram was accomplished on 10/30/02 and revealed findings consistent with an anterior cervical spinal fusion at C5-C6. The report also described myelographic evidence of non-filling of the nerve root sheath on the right side at C5-C6.

The employee was reevaluated by Dr. Weiss on 11/01/02, and the employee was documented to be with difficulties as it related to a headache.

The employee was reevaluated by Dr. Weiss on 11/29/02, and it was documented that the employee was to receive a neurosurgical consultation with Dr. Torres.

**Case No.: M2-07-0001-01**

**Page Three**

On 09/13/05, the employee was evaluated by Dr. Cannon, and it was documented the employee underwent a cervical spinal fusion from C5 to C6 after the work injury of \_\_\_\_\_. (Of note, the official operative report was not available for review.) Dr. Cannon's notes were notable for the fact that the employee reported "self-medicated" and ultimately was brought to follow-up secondary to being incarcerated. Dr. Cannon documented that the employee appeared to be with a 15% whole body impairment.

The employee was reevaluated by Dr. Weiss on 10/06/05, and it was documented that the claimant should be referred to a neurosurgeon or orthopedic surgeon in an effort to determine if surgical intervention was indicated with regard to the cervical spine.

On 11/11/05, a Designated Doctor Evaluation was performed by Dr. Nowac, who felt the employee was at Maximum Medical Improvement (MMI) and appeared to be with a 15% whole body impairment. Dr. Nowac also indicated that a Functional Capacity Evaluation (FCE) was accomplished, which revealed that there was evidence of submaximal effort on the evaluation.

The employee was evaluated by Dr. Halberdier on 06/13/06, and it was recommended that a cervical MRI and a left shoulder MRI be accomplished.

A document dated 08/02/05 from Aetna Insurance Company indicated that an inpatient chemical dependency treatment program was approved and covered from 06/27/05 to 07/20/05.

On 07/18/06, a cervical MRI was accomplished and revealed findings consistent with an anterior cervical spinal fusion at C5-C6. The report did not describe any findings worrisome for any signal abnormalities in the cervical spinal cord.

An MRI of the left shoulder was obtained on 07/18/06 and revealed findings consistent with an impingement on the rotator cuff tendon from spurs that involved the inferior aspect of the acromioclavicular joint but no active rotator cuff pathology was visualized.

The employee received at least eight sessions of physical therapy from 07/25/06 to 09/11/06.

The claimant was evaluated by Dr. Torres on 08/03/06, and it was documented that the claimant recently underwent a cervical CT scan/myelogram which reportedly revealed findings consistent with an osteophyte complex with probable disc material at C5-C6, as well as evidence of disc material at C4-C5 with an osteophyte. It was recommended that the claimant undergo treatment in the form of an anterior cervical plate removal/discectomy at C4-C5, a discectomy at C5-C6, and a fusion procedure at C4-C5 and C5-C6.

**Disputed Services:**

Items in Dispute: Physical therapy 3 x 4 weeks, therapeutic exercises (97110), hot packs (97010), electrical stimulation (97032), ultrasound (97035).

**Decision:**

Denial upheld.

**Rationale/Basis for Decision:**

This injury is over four years in age.

The official operative report was not available for review, however, the records documented that the employee underwent an anterior cervical spinal fusion at C5-C6. The claimant's course was complicated by difficulties as it relates to narcotic utilization, and the employee did receive access to an inpatient chemical dependency program. Treatment in the past has included supervised therapy services. It was documented when a Designated Doctor Evaluation was accomplished on 11/11/05 that an FCE was obtained which revealed findings consistent with a submaximal effort.

The medical necessity of physical therapy to include therapeutic exercises, hot packs, electrical stimulation, and ultrasound was not established. The records documented the employee has received access to such treatment previously as would be supported by ACOEM Guidelines, it would be realistic to anticipate the employee would be fully educated on a proper non-supervised rehabilitation regimen at this time, particularly when access to physical therapy services have been provided in the past.

Therefore, physical therapy as requested would not be medically necessary.

The rationale for the opinion stated in this report is based on ACOEM Guidelines, 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 3<sup>rd</sup> day of October, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel