



## IMED, INC.

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### NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:**  
**IRO TRACKING NUMBER:** M2-07-0073-01  
**NAME OF REQUESTOR:** Injured Employee  
**NAME OF CARRIER:** Federal Insurance Company  
**DATE OF REPORT:** 10/15/06  
**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 & Rehab 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:**

- CT scan/myelogram report dated 06/10/05.
- Required Medical Evaluation (RME) report performed by Dr. Holladay, 08/03/05.
- Office visits with Dr. Jonathan Blau dated 06/15/06, 07/17/06, and 08/15/06.

**Clinical History Summarized:**

The medical records available for review documented that the employee was involved in a motor vehicle accident on \_\_\_\_\_. On that date, the employee was reportedly a seatbelted driver of a vehicle.

The employee underwent an anterior cervical discectomy and fusion at the C4-C5 level by Dr. Gordon in 2002. The official operative report was not available for review.

A cervical CT scan/myelogram was accomplished on 06/10/05. By report, this study revealed findings consistent with an anterior cervical discectomy and interbody fusion with screw and plate fixation at the C4-C5 levels. The report did not describe any findings worrisome for compression upon any of the neural elements in the cervical spine.

When Dr. Holladay performed a Required Medical Evaluation (RME) on 08/03/05, it was documented that the employee received a cervical epidural steroid injection on 09/10/03, 12/09/03, and 07/06/04. Additionally, Dr. Holladay documented that medial branch blocks were performed by Dr. Blau on 04/22/04 and 10/26/04, although no procedure reports were available for review as they relate to the therapeutic procedures.

Dr. Holladay's RME report also indicated that a cervical MRI obtained on 06/15/04 revealed evidence for a fusion at the C4-C5 level. The MRI report did not disclose any findings worrisome for compression upon any of the neural elements in the cervical spine. After Dr. Holladay evaluated the employee, Dr. Holladay did not feel there was an indication for additional diagnostic testing as it related directly to the work injury of \_\_\_\_\_. He indicated "the peer review literature does not support ongoing chronic use of facet injections or epidural steroid injections as being significantly therapeutic, nor curative".

Dr. Blau evaluated the employee on 06/15/06 and on that date, recommended treatment in the form of a right sided cervical epidural steroid injection to the C7-T1 level.

On 06/30/06, the request for a cervical epidural steroid injection was reviewed by a physician and it was indicated that the request for a cervical epidural steroid injection did not appear to be established as a medical necessity.

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Dr. Blau reevaluated the employee on 07/17/06, at which time it was recommended that the employee again receive treatment in the form of a cervical epidural steroid injection to the right C7-T1 level.

Dr. Blau reevaluated the employee on 08/15/06 and on that date, it was documented that the employee was on a prescription medication regimen of Ibuprofen, Neurontin, Robaxin, Ultram, and Zanaflex.

A physician precertification review was accomplished on 08/10/06, at which time it was recommended that the requested procedure in the form of a cervical epidural steroid injection did not appear to be of medical necessity.

**Disputed Services:**

Items in Dispute: Preauthorization denial of cervical epidural steroid injection at C7-T1.

**Decision:**

Denial upheld.

**Rationale/Basis for Decision:**

Based upon the medical documentation presently submitted for review, the request for a cervical epidural steroid injection would not appear to be of medical necessity. The date of injury is over seven years in age. There was documentation indicating that the employee has received treatment in the past in the form of therapeutic injections, to include facet injections and epidural steroid injections. The medical documentation submitted for review did not provide any medical documentation to indicate that previous attempts at therapeutic injections have significantly decreased and/or alleviated the need for prescription medications.

*ACOEM Guidelines* and *Official Disability Guidelines* do address treatment in the form of epidural steroid injections. In this particular case, medical necessity for a cervical epidural steroid injection would not appear to be established when there was no documentation to indicate that past attempts at treatment in the form of a cervical epidural steroid injection has markedly decreased medication utilization. Additionally, the requested procedure would not be considered curative in nature. *ACOEM Guidelines* indicate treatment in the form of a cervical epidural steroid injections are of questionable benefit. Consequently, based upon the medical documentation currently available for review, a cervical epidural steroid injection to the C7-T1 level would presently not appear to be established.

The rationale for the opinion stated in this report is based on the above mentioned 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.

If you are disputing the 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.

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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 16<sup>th</sup> 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