



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-07-0149-01
NAME OF REQUESTOR: Wayne Pallus, M.D.
NAME OF CARRIER: City of Amarillo
DATE OF REPORT: 11/02/06
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 Neurosurgery 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. Operative report dated 11/29/04.
2. Medical records from Dr. Dennis Ice.
3. MRI of the lumbar spine dated 02/10/05.
4. Treatment records from Dr. Alex Natividad.
5. Medical records from Dr. Wayne Paullus.
6. X-ray report of the lumbar spine dated 09/27/05.
7. UR reports.

Clinical History Summarized:

The employee, ____, reportedly sustained an injury to his low back on ____.

The available medical records indicate that the employee was seen by Dr. Robert Paige on 11/29/04. The employee was reported to be under the care of Dr. Gentry and Dr. Dennis Ice. The employee was referred to Dr. Paige for pain management. It was indicated that the employee had previously undergone two intrathecal spinal morphine trials in an attempt to control his pain. Apparently, these provided the employee no relief, and Dr. Paige opined that the employee primarily had a significant amount of spasm in his lumbar spine and recommended an intrathecal Baclofen trial, which was performed on that date. Dr. Paige reported that the employee was kept in the hospital for five hours and appeared much better during that timeframe.

The employee was seen by Dr. Ice on 01/11/05, who reported the employee had previously received a pump trial which did not respond to the morphine. He then reported the employee was given a trial of Baclofen which helped slightly, but this was discontinued by his primary care physician over concern about flaring up his pancreatitis. The employee was required to increase his use of Hydrocodone to two tablets every eight hours. The employee was diagnosed with lumbar post laminectomy syndrome, somewhat functionally improved on Duragesic, and noted treatment with the pump was complicated by pancreatitis history.

The employee was seen in follow-up on 01/28/05 and reported to Dr. Gentry that he developed post procedure headaches and experienced a flare-up of his pancreatitis, and therefore, he did not want to continue with intrathecal Baclofen. Dr. Gentry recommended the employee undergo an MRI of the lumbar spine, and should the MRI be negative, the employee should follow-up with pain management. Dr. Gentry indicated he did not see any surgical options at that point and reported the employee exhibited right leg radicular symptoms.

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The employee was referred for an MRI of the lumbar spine on 02/10/05. This study reported posterior pedicle screws and a fusion plate at L2-L3. There was straightening of the normal lordotic curvature of the lumbar spine. There was no abnormal signal within the conus. At L5-S1, the employee had an extremely tiny central disc protrusion which was of doubtful clinical significance. At L4-L5, the employee had degenerative changes of the facet joints and broad-based disc bulging minimally narrowing the intervertebral foramen. At L3-L4, there was no disc abnormality, and the central canal was open. At L2-L3, the employee had a previous fusion. There was mild central disc bulging, but the intervertebral foramen and central canal were open.

The employee was seen in follow-up on 02/21/05. He reported that his condition was stable, and it was reported that the MRI did not reveal anything grossly surgical in nature. The employee requested information about artificial disc replacement. Upon physical examination, the employee was alert, oriented, and in no acute distress. His affect was normal. Gait was symmetrical, but the employee stooped at the waist with a cane. The employee's lower extremity neurologic function was grossly unchanged, and he was wearing a back brace. The employee was recommended to discuss artificial discs with Dr. Gentry and to continue use of oral medications.

The employee was referred to Dr. Alex Natividad on 02/21/05. Dr. Natividad, who is Board Certified in Psychiatry, was treating the employee for depression.

The employee was seen by Dr. Wayne Paullus on 05/31/05 for a second opinion. The employee reported that he experienced continued back pain and occasional numbness with no leg pain or lower extremity weakness postoperatively. The employee reported that his pain was relieved somewhat by facet blocks and radiofrequency rhizotomy performed by Dr. Ice. Upon examination, the employee had a well healed incisional scar. Moderately severe spasms were noted in both paraspinals. The sitting root nerve test was normal. There was good strength in the lower extremities. No sensory disturbance was noted. Knee and ankle jerks were basically 2+ with no pathological reflexes. The remainder of this clinical note was missing.

The employee was seen in follow-up by Dr. Ice on 07/12/05. This note indicated the presence of some new disc disease at the L2-L3 level. Dr. Ice suggested that the employee may benefit from a lateral disc replacement at L2-L3 and recommended discography at L3-L4, L4-L5, and L5-S1 with a possible disc arthroplasty. Dr. Ice further indicated that Dynamic stabilization may be of benefit with removal of the instrumentation by staging.

The employee was referred to Dr. Paullus to see if he was willing to take the employee on as a patient. If not, he was recommended to seek treatment from someone else.

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The employee was referred for plain radiographs on 09/27/05. This study indicated metallic hardware extending posterolaterally from L2 to L3, and that the postoperative appearance of the lumbar spine was satisfactory.

The employee was seen in follow-up by Dr. Paullus on 09/27/05 and was reported to have continued pain. If the employee still had significant disc space at the L2-L3 level, Dr. Paullus recommended an anterior X-LIF procedure to support the posterior fixation. Dr. Paullus again recommended that the employee undergo discography at L3-L4, L4-L5, and L5-S1.

The employee was seen in follow-up on 06/28/06 and was reported to have previously undergone surgery by Dr. Paullus in January, 2003. The employee was further noted to have undergone epidural injections and some facet blocks after surgery. The employee was reported to have some pseudoarthrosis, and Dr. Paullus had requested discography be obtained, which apparently had been denied. The employee continued to be on oral narcotics and Duragesic Patches and continued to report significant chronic low back pain. Upon physical examination, the employee was alert, oriented, and in no acute distress. His mood and affect were appropriate. His gait was symmetrical with a cane. The employee was reported to be using the cane in the wrong hand for what he was compensating for in the right lower extremity, and he was reeducated on the proper use of his cane. Muscle strength was reported to be good with the exception of ankle dorsiflexion on the right. Reflexes were intact with 1/4 at the knees and 2/4 at the ankles. Straight leg raising was negative, but with significantly increased back pain. The back revealed an extensive well healed thoracolumbar surgical scar and bone graft scar without masses or spasms. Dr. Ice reported that the employee had improved with modifications and was trying a different medication to get rid of breakthrough pain.

The employee was seen in follow-up by Dr. Paullus on 08/10/06, who recommended that the employee undergo anterior column stabilization and recommended deferring discography until his spine had been adequately stabilized.

Disputed Services:

Items in Dispute: Denial of an anterior extreme lumbar interbody fusion at L2-L3.

Decision:

Denial upheld.

Rationale/Basis for Decision:

The available medical records indicate that the employee is status post a posterior lumbar interbody fusion at L2-L3 with no evidence of instability. The employee has undergone extensive conservative care and has been diagnosed with a post laminectomy syndrome. The employee's response to treatment has been equivocal. The employee has undergone two trials of an implanted morphine pump with no relief; however, he underwent a third trial with Baclofen which apparently provided some degree of relief. However, this was complicated by the employee's history of pancreatitis. Numerous operative procedures have been investigated by the employee including artificial disc replacement for which the employee most certainly would not have met the criteria for. Most recent imaging studies indicate an appropriate posterior fusion at L2-L3 with no loosening or failure of hardware, adequately maintained disc space, and no evidence of pseudoarthrosis.

Provided this information, the request would not be considered medically necessary or appropriate.

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

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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 3rd day of November, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel