



## IMED, INC.

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### NOTICE OF INDEPENDENT REVIEW

**NAME OF EMPLOYEE:**  
**IRO TRACKING NUMBER:** M2-07-0171-01  
**NAME OF REQUESTOR:** Valley Total Healthcare Systems  
**NAME OF CARRIER:** Facility Insurance Corp.  
**DATE OF REPORT:** 11/01/06  
**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 Pain 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. Forte review dated 04/22/03 which consisted of a peer review.
2. Office notes from the Center For Pain Management dated 07/13/06 and 08/17/06.
3. Forte review dated 08/14/06 and 09/07/06 which addressed non-authorization for consideration of treatment in the form of a work hardening program.
4. Letter from Valley Total dated 08/25/06 which addressed an appeal for a work hardening program.
5. Letter from Flahive, Ogden & Latson dated 10/12/06 and 10/25/06.

**Clinical History Summarized:**

The available records documented that the employee sustained an injury in the workplace on \_\_\_\_.

The employee reportedly underwent surgical intervention to the cervical spine on two occasions related to the work injury of \_\_\_\_\_. The operative reports were not available for review. Reportedly, the employee was also with difficulties as it related to left shoulder pain which was deemed to be related to the work injury of \_\_\_\_\_.

A peer review conducted on 09/22/03 indicated that the employee was on a prescription medication regimen of Celebrex, Ultram, Ketoprofen Cream, and also used a TENS unit to assist with management of pain symptoms. The peer review indicated that medical maintenance care in the form of prescription medications for management of subjective pain complaints appeared reasonable and appropriate.

The employee was seen at the Center For Pain Management by Dr. Chowdhury on 07/13/06. The employee was noted to be on a prescription medication regimen of Ultram and Nexium. Dr. Chowdhury recommended that the employee be considered for a chronic pain management program.

On 08/14/06, a document was produced from Forte, which indicated that a request for a work hardening program had been non-authorized.

On 08/17/06, the employee was a “no show” for a visit at the Center For Pain Management.

A letter of appeal from Valley Total dated 08/25/06 consisted of an appeal for a work hardening program.

A document for Forte dated 09/07/06 indicated that there was a non-authorization for an attempt at treatment in the form of a work hardening program.

Letters from Flahive, Ogden & Latson dated 10/12/06 and 10/25/06 provided information which attempt to support the lack of medical necessity for consideration of treatment in the form of a work hardening program.

**Disputed Services:**

Items in Dispute: Preauthorization denied for a work hardening program 10 sessions.

**Decision:**

Denial upheld.

**Rationale/Basis for Decision:**

This injury is over fourteen years in age. The documentation submitted for review indicates the employee was able to return to gainful employment after the injury. The records from Forte dated 08/14/06 indicated the employee's job was sedentary in nature. *ACOEM Guidelines* and *Official Disability Guidelines* do provide criteria as it relates to consideration of attempting to maximize an individual's functional capabilities. The *ACOEM Guidelines*, Chapter 6, also provides criteria for consideration of functional restoration as it relates to recovery from an injury sustained in the workplace.

Based upon the available medical documentation, a work hardening program would not be established as a medical necessity in this case. By definition, a work hardening program is typically considered a return to work program. The records indicated the claimant was ultimately able to return to gainful employment after the work injury of \_\_\_\_\_. Additionally, by definition, a work hardening program includes some psychological counseling to assist with pain management issues. In this particular case, there was not sufficient documentation to support a need for psychological intervention to address pain management coping strategies. The documentation does not indicate the employee requires narcotic medication for pain management. Additionally, compliance would be considered an issue in this case evidenced by the fact that the employee was reportedly a "no show" for an office visit scheduled on 08/17/06.

Therefore, based upon the available medical records, the necessity for a work hardening program would not be medically necessary as it relates specifically to the work injury sustained over fourteen years ago on \_\_\_\_\_.

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 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 1<sup>st</sup> day of November, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel