

MATUTECH, INC.

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Amended Date: February 21, 2006
February 15, 2006

Gloria Covarrubias
Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4001

Re: Medical Dispute Resolution
MDR Tracking No: M2-06-0579-01
Claim No. _____
Injured Employee: _____
SS#: _____
DOI: _____
IRO Certificate No. IRO5317

Dear Ms. Covarrubias:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the 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.

Information and medical records pertinent to this medical dispute were obtained from Pain and Recovery Clinic of North Houston. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in Physical Medicine and Rehabilitation, and is currently on the TWCC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Dean McMillan, M.D.:

Office notes (08/02/05 – 12/30/05)
Physical therapy progress note (12/09/05)
Radiology reports (08/18/05)

Information provided by Harris County:

Correspondence & summary of position
Notice of utilization review findings (12/05/05 & 12/21/05)
Medical record review (11/28/05)

Clinical History:

This patient is a 44-year-old African-American male who was initially seen at the Pain and Recovery Clinic of North Houston for a work-related injury dated _____. The patient had a sudden onset of pain in the lower back and neck while practicing his restraining technique. Dean McMillan, M.D., noted: tenderness from L1 through L5 with paraspinal muscle spasm; positive straight leg raise and Kemp's tests; tenderness in the cervical spine with paraspinal muscle spasm; neck pain with maximum cervical compression test; and positive shoulder depression test bilaterally. Dr. McMillan diagnosed cervical and lumbar radiculitis. He prescribed Motrin, Soma, Ultram, Phenergan, and Lyrica. He recommended physical therapy (PT) and electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities, both of which were denied. X-rays of the lumbar spine revealed sacralization at L5. Magnetic resonance imaging study revealed a 3.5 mm disc protrusion on the left at L3-L4 and 2.5 mm disc protrusion with osteophytic ridge on the right at L4-L5. X-rays of the cervical spine revealed slight disc space narrowing at C4-C5 and C5-C6. The MRI revealed 60% foraminal stenosis bilaterally at C3-C4, 9 mm diameter of the central canal at C4-C5 with stenosis of 50-60% bilaterally, and 50-60% neural foraminal stenosis bilaterally at C5-C6, C6-C7, and C7-T1.

Ephraim Brenman, D.O. performed a medical records review. He noted Mr. _____ had undergone 25 treatments in active and passive care. He rendered the following opinions: 1) The neck was not work related but the back was. Mr. _____ sustained a low back sprain soft tissue injury. 2) The findings on the MRI were all pre-existing conditions. 3) For a lumbar sprain, about 10-12 chiropractic or PT visits would be reasonable. Hence, after August 24, 2005, he no longer needed any more supervised rehabilitation. Ongoing supervised rehabilitation had been exhausted without any objective or functional improvement after 25 visits. 4) There was no need for any diagnostic testing, procedures, surgery or referrals. He only needed a home exercise program and over-the-counter

nonsteroidal anti-inflammatories as needed. If there was evidence of radicular pain, then ESIs could be administered. 5) Mr. ____ could return to work without restrictions.

On December 5, 2005, the request for outpatient PT for 18 sessions consisting of therapeutic exercises and activities was nonauthorized since the injured worker had had 25 sessions of supervised rehabilitation without objective or functional improvement and the medical necessity for 18 more sessions of PT was not supported by documentation provided. On December 8, 2005, Ihsaan Shanti, M.D., administered a lumbar epidural steroid injection (ESI) at L4-L5 bilaterally. On December 9, 2005, per a PT progress note, therapy with therapeutic exercises, treadmill, stretching, manual therapy, moist heat, interferential current, and neuromuscular re-education was planned.

On December 13, 2005, Dr. McMillan requested reconsideration of 18 sessions of PT. Dr. McMillan indicated that it was in the best interest of the patient to complete injection therapy with physical rehabilitation, as this had proven to be effective. On December 21, 2005, the request was again denied.

On December 30, 2005, Dr. Shanti reviewed the diagnostics for the lower back and stated that the findings concurred with the physical findings. Mr. ____ rated his pain at 6-7/10 on the VAS scale. Lumbar range of motion was restricted. There was tenderness in the cervical and lumbar spine. Dr. Shanti diagnosed myofascial pain syndrome and low back pain status post ESI with 35% improvement. He recommended continuing medications and PT three to five times weekly.

Disputed Services:

Preauthorization denied for physical rehabilitation x 18 sessions (97110, 97140, and 97112).

Explanation of Findings:

Mr. ____ appears to have suffered a mild to moderate lumbar and mild cervical sprain/strain, possibly lumbar radiculitis and aggravation to his degenerative disease as Magnetic resonance imaging study revealed a 3.5 mm disc protrusion on the left at L3-L4 and 2.5 mm disc protrusion with osteophytic ridge on the right at L4-L5. Minimal documentation of improvement, in fact initial goals reported on August 02, 2005 included 0-3 on VAS pain scale and more than four months later reported level was 7/10.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn URA's denial:

Based on the records available, the diagnoses rendered and the widely accepted evidenced based studies the preponderance of evidence does not support the need for eighteen additional therapy sessions. I agree with Dr. Shanti that some studies do support post ESI injections, but none of them support eighteen. Therefore, it is my opinion to partially overturn the denial as three post ESI therapy sessions are reasonable, but not beyond. Therefore, it is my opinion, that three of the eighteen physical therapy visits be approved to include two units of 97110 and one unit each of 97140 and 97112 per visit for a total of six units for 97110 and three units each for 97140 and 97112.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The decision not to overturn the decision in its entirety is based on several well accepted Guidelines including Official Disability Guidelines, American College of Environmental and Occupational Medicine and Physical Therapy Associates study. Average total therapy sessions for the diagnoses rendered range from nine to twelve, yet twenty-five have already been completed.

The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation and American Academy of Disability Evaluating Physicians. The reviewer has been in active practice for twenty-two years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile. A copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

Your Right To Appeal

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 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.