

MATUTECH, INC.

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February 28, 2006

Rebecca Farless
Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0628-01
DWC#:
Injured Employee: _____
SS#: _____
DOI: _____
IRO#: IRO5317

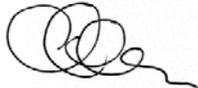
Dear Ms. Farless:

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 Arkansas Claims Management, Inc. 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 Chiropractic, 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 Arkansas Claims Management, Inc.:

Referrals/consultations (08/01/00 to 07/12/05)

RME/IME/DDE (03/27/01 RME, 05/03/01 DDE, 08/13/02 MMI/IR, 10/30/03 RME)

Diagnostic Testing (08/01/00 to 06/24/05)

Physical Medicine (08/22/00 to 08/05/02-128 visits, WHP-1, WCP-1, CPMP-20, FCE-10/10/00-10/30/03, total 6)

Surgical intervention (12/15/00 lumbar ESI, 02/26/02 injection discogram, 05/06/01 and 06/06/01 laminectomy and fusion, 06/13/01 repair of dural leak/CSF leak, 06/24/01 removal of implant, I&D of L-spine wound 07/06/01, five nerve blocks from 01/22/03-11/08/03, and injection anesthetic 02/04/04).

Medications (hydrocodone, Naprelan, Lortab, Ultram, Anaprox)

DME (LSO, KO adjust jnt pos-rigid, cane/adjust/fixd, TENS)

Clinical History:

This patient is a 46-year-old female who was injured on ____, when she slipped on some ice and hit the back of her head on the corner of a steel table and also hit her lower back region.

2000: On August 22, 2000, Kent Noell, D.C., initiated chiropractic treatment with adjustive procedures, cold pack application, electrical stimulation, ultrasound, mechanical traction, therapeutic activities, and therapeutic exercises. The patient attended multiple sessions of chiropractic care. The diagnosis included displacement of lumbar intervertebral disc without myelopathy, sciatica, myalgia and myositis, and lumbago. Kathy Toler, M.D., diagnosed posttraumatic lumbar radicular syndrome and ordered radiologic studies. Magnetic resonance imaging (MRI) of the lumbar spine revealed degenerative disc disease (DDD) at L4-L5 with a 6-mm posterocentral disc protrusion, hypertrophic changes in the facet joints, and Tarlov cyst. MRI of the thoracic spine was negative. In a functional capacity evaluation (FCE), the patient was found to function at sedentary physical demand level. He was kept off work status and referred for an orthopedic evaluation. Major Blair, Jr. M.D., orthopedic surgeon, diagnosed L4-L5 degenerative disc and prescribed Medrol Dosepak, Celebrex, and Lortab.

Iddriss Yusufali, M.D., administered lumbar epidural steroid injection (ESI). He diagnosed left lower extremity radiculopathy secondary to the herniated disc at L4-L5.

2001: A lumbar discogram revealed painful L4-L5 degenerative disc with protrusion. In a required medical evaluation (RME), Benzel MacMaster, M.D., assessed maximum

medical improvement (MMI) as of March 27, 2001, and assigned 13% whole person impairment (WPI) rating. He opined that the pain in the shoulder was soft tissue in nature and did not indicate any significant injury. Jonathan Walker, M.D., assessed herniated disc at L5-S1, bilateral S1 radiculopathy, and closed-head injury leading to a post concussive syndrome. He stated that the patient could return to work with restrictions. On June 6, 2001, Dr. Blair performed L4-L5 laminectomy and fusion and L5-S1 and L3-L4 laminectomies. He subsequently performed a removal of hardware. The patient had a lumbar wound superficial infection for which she was treated with irrigation and debridement. X-rays of the cervical spine revealed degenerative changes. X-rays of the lumbar spine revealed postsurgical changes. A three-phase bone scan revealed postsurgical changes.

2002: The patient had an acute episode of acute back pain and therefore was seen at St. James Hospital and given Toradol. In an FCE, the evaluator recommended work hardening program (WHP). Dr. Blair continued to treat the patient with medication refills. Dr. Matwijecki diagnosed trochanteric bursitis and administered injections. Ed Wolski, M.D., diagnosed cervical and thoracic strain, and initiated medication and pain management. He treated the patient with Lortab, Celebrex, Skelaxin, Norco, Claritin, Celebrex, and Medrol Dosepak. He also dispensed the transcutaneous electrical nerve stimulation (TENS) unit. The patient underwent chiropractic care consisting of traction, diathermy, therapeutic exercises, therapeutic activities, aquatic therapy, biofeedback, and moist hot packs. In May, the patient attended four weeks of WHP. MRI of the cervical spine revealed straightening of the lordosis. Nicholas Pedron, M.D., treated the patient with Celebrex and Norco. Robert Heisten, M.D., prescribed Zoloft, Skelaxin, Doxepin, Xanax, and Soma. He diagnosed failed back surgery syndrome. In an impairment rating (IR) evaluation, Edward Breeding, III, D.C., assessed MMI as of August 13, 2004, and assigned WPI rating of 24%.

2003: Dr. Heisten continued to treat the patient with Celebrex, Xanax, Neurontin, Celebrex, Seroquel, and Topamax. Carlos Garcia, M.D., diagnosed postlaminectomy fusion pain syndrome, bilateral lower extremity radiculopathy, facet syndrome, myofascial pain syndrome, deconditioning syndrome, chronic pain syndrome. He felt the patient would be a candidate for spinal cord stimulator. However, in a psychological evaluation, the patient was diagnosed with bipolar disorder, somatization disorder, personality disorder, and chronic pain syndrome and was declared to be a poor candidate for SCS. Melissa Tonn, M.D., recommended a use of a walker and transition to OxyContin. Dr. Tonn opined that the documentation did not support any consideration of SCS and the patient would require the ongoing use of medications for a life time. The patient underwent a lumbar nerve block. She was given a rolling walker for ambulation.

2004: Dr. Garcia continued to treat the patient with Norco and Skelaxin. Dr. Garcia administered lumbosacral facet injections bilaterally. The patient had several visits with Joy Aleng, M.D., for medication management. Dr. Aleng treated the patient with Lortab, Flexeril, and Skelaxin.

2005: Dr. Aleng refilled the medications and added trazodone. The patient was evaluated at the Denton Chiropractic where x-rays of the cervical spine revealed DDD at C5-C6. James Galbraith, M.D., diagnosed cervical, thoracic, and lumbar sprain/strain and lumbar disc disease. Dr. Galbraith prescribed Relafen and recommended chronic pain consultation. In December, the patient was reevaluated at Denton Chiropractic Center. Dr. Noell planned eight sessions of chiropractic care, which was denied by the carrier. He produced the letter of reconsideration, which was again non authorized.

Disputed Services:

Preauthorization Request for chiropractic therapy, 2 x 6 (98941, 97140, 97110, 97014, 97024, 97010).

Explanation of Findings:

The records in this case are indicative of a patient who has been through an extreme treatment regimen and has failed to respond to conservative care. The care rendered earlier included well over 100 physical medicine visits, in addition to surgery and pharmacotherapy. In looking at the records and the requests by Dr. Noell, I see no possible outcome of chiropractic therapy at this point in time that could be achieved by further physical medicine, to include chiropractic manipulative therapy. With a bilateral radiculopathy and residual pain with de-conditioning in this patient, it is clear that the patient would be very unlikely to respond to any form of therapy offered by the chiropractic office at this point in time. While this patient is clearly a chronic pain case, physical medicine is not indicated at this point in time.

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

The URA decision is upheld.

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

Mercy Center Guidelines, Texas Guidelines to Quality Assurance

The physician providing this review is a Doctor of Chiropractic. The reviewer has been in active practice for 14 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.