

# **MATUTECH, INC.**

**PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544**

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February 28, 2006

Gloria Covarrubias  
Texas Department of Insurance  
Medical Dispute Resolution  
Fax: (512) 804-4871

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-0664-01  
DWC #: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
SS#: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO#: 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 Jacob Rosenstein, M.D. 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 neurosurgery, and is currently on the TWCC Approved Doctor list.

Sincerely,



John Kasperbauer  
Matutech, Inc.

## REVIEWER'S REPORT

### Information provided for review:

#### Request for Independent Review

#### Information provided by Jacob Rosenstein, M.D.:

Office notes (05/08/01 - 01/12/06)  
Therapy notes (04/17/01 - 09/07/01)  
Radiology studies (04/20/01 - 04/14/05)  
Electrodiagnostic studies (12/13/01)

#### Information provided by American Home Assurance Co.:

Required Medical Examination (09/13/01 and 12/23/03)  
Designated Doctor Evaluation (11/15/01)  
Peer review (07/29/03)

### Clinical History:

This patient is a 45-year-old female who was injured on \_\_\_\_, when she slipped and fell on some liquid on the floor.

**2001:** Following the injury, she underwent chiropractic treatment at Family Chiropractic Clinic. Magnetic resonance imaging (MRI) of the lumbar spine revealed (a) a central posterior bulge at L4-L5; (b) disc desiccation at L3-L4; and (c) central herniation at L5-L6. MRI of the cervical spine revealed (a) posterior disc herniation at C3-C4 and (b) herniation at C5-C6. Bennie Scott, M.D., diagnosed cervical spondylosis at C5-C6. X-rays of the cervical spine revealed degenerative disc narrowing with uncovertebral arthrosis at C5-C6 and mild degenerative disc narrowing at C6-C7. X-rays of the lumbar spine revealed hypoplastic ribs at T12. A cervical myelogram revealed filling defects at left C7 and right C6 nerve roots. Post-myelogram computerized tomography (CT) revealed degenerative disc disease (DDD) at C5-C6 with the right chronic posterolateral disc and spur. Charles Marable, M.D., diagnosed disc disease at C3-C4, C5-C6, L3-L4, L4-L5, and L5-S1, and a right shoulder injury (rule out right rotator cuff tear). Dr. Marable prescribed Soma, Flexeril, Darvocet, and Talwin-NX. In a functional capacity evaluation (FCE), a work hardening program (WHP) was recommended. In a psychological evaluation, the patient was diagnosed with atypical depression and psychologic disorder associated with a medical condition. The patient underwent individual psychotherapy and Biofeedback sessions.

In a required medical examination (RME), Melissa Tonn, M.D., opined that the patient had a pre-existing underlying, long-standing depression and a history of migraine headaches. Jacob Rosenstein, M.D., diagnosed left lumbar radiculopathy and bilateral cervical radiculopathy and prescribed Vanadom, hydrocodone, and Celebrex. Norman

Rittenberry, D.C., assessed maximum medical improvement (MMI) as of November 15, 2001, and assigned 10% whole person impairment (WPI) rating. Electrodiagnostic studies of the lower extremities revealed a possible L4 or L5 radiculopathy on the left and diffuse sensory neuropathy.

**2002:** Dr. Rosenstein diagnosed lumbar radiculopathy; thoracic sprain; left wrist sprain; DDD at L3-L4 and possibly at L4-L5 with protrusion at C5-C6; lumbar facet syndrome; plantar fasciitis secondary to abnormal gait; and left greater trochanteric bursitis. He treated Ms. Trevino with Ativan, Trazodone, hydrocodone, Ultram, carisoprodol, OxyContin, Prozac, Prednisone, Vicodin, Senokot, Neurontin, and Celebrex. He administered a left greater trochanteric bursal injection and lumbar trigger point injections (TPIs). He also diagnosed urinary tract infection (UTI) for which she was treated with Bactrim.

**2003:** Dr. Rosenstein assessed chronic pain syndrome with severe anxiety and depression and prescribed Topamax. He administered a lumbar epidural steroid injection (ESI) and TPIs. He treated the patient with OxyContin, carisoprodol, and Medrol Dosepak. The patient was also on Ceftin and topical Silvadene cream for a second degree burn in the left leg. In a peer review, Philip Osborne, M.D., opined that the patient had worsening of the pre-existing depressive condition and injured her cervical and lumbar spine as a result of the injury. Wayne Seignier, M.D., assessed MMI as of August 05, 2003, and assigned 10% WPI rating. In an RME, Dr. Tonn indicated that the patient had a complicated history and would not be helped by any spinal surgical intervention.

**2004:** In a behavioral assessment, the patient was diagnosed with chronic pain syndrome and a behavioral intervention was recommended. In a chronic pain evaluation, she was diagnosed with pain disorder and lumbar radiculopathy. A comprehensive multidisciplinary chronic pain management program (CPMP) was recommended. Dr. Rosenstein continued to treat Ms. Trevino with Medrol Dosepak, Ativan, hydrocodone, carisoprodol, Effexor, and Neurontin. He diagnosed grade I L4-L5 spondylolisthesis and bilateral occipital neuritis.

**2005:** Dr. Rosenstein administered an occipital block and lumbar TPIs. He diagnosed left sacroiliitis. He treated the patient with Effexor, hydrocodone, Tofranil, and Celebrex. X-rays of the pelvis revealed minimal height difference in the femoral heads of unclear significance. It was noted that the CPMP was denied by the carrier. Dr. Rosenstein administered an SI joint injection. An FCE was also performed. The left SI joint injection resulted in significant improvement. He subsequently planned bilateral lumbar facet injections, a left greater trochanteric bursa injection, and bilateral occipital nerve blocks. The facet injections were denied by the carrier. Dr. Rosenstein indicated that the patient had lumbar facet syndrome with marked facet signs and lower back pain. In a letter of appeal, he stated that she would benefit from the injections and placed a reconsideration request for the same. The reconsideration request was denied. A medical dispute regarding the facet injection was filed.

**2006:** On January 12, 2006, Dr. Rosenstein increased the dose of hydrocodone and provided a pain diary.

**Disputed Services:**

Bilateral facet injection at L3/L4, L4/L5, and L5/S1.

**Explanation of Findings:**

This case involves a now 45-year-old female who on \_\_\_\_ slipped and fell on some liquid on the floor while at work. She landed on her right buttock and hurt her left arm. She developed neck pain, low back pain, and this was evaluated after chiropractic treatment failed, with MRI evaluation of the cervical and lumbar spine. This revealed rather chronic changes at multiple levels with no definite surgically correctable pathology thought present. Pain management led to a diagnosis of depression, and 2002 hip and lumbar region trigger-point injections were only transiently helpful. Epidural steroid injections in 2003 were also only transiently helpful. The patient continues on multiple medications for pain and depression.

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

I uphold the decision denying the lumbar facet injections. The last imaging that I can find was almost four years ago with nothing in the way of recent imaging studies suggesting pathology in the facet joints as the source of her trouble. On the studies done in 2001, "the facets were clear and normal throughout." In addition, the patient has consistently been diagnosed as having lumbar radiculopathy and that is not the kind of pathology that is helped by facet injections. Without a specific area of pathology to be dealt with by an injection, it is rarely of benefit to use a "shotgun" approach with multiple levels, hoping to find the correct level.

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The physician providing this review is a spinal neurosurgeon. The reviewer is national board certified in neurological surgery. The reviewer is a member of the American Association of Neurological Surgeons, The Congress of Neurological Surgeons, The Texas Medical Association, and The American Medical Association. The reviewer has been in active practice for 35 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.