

MATUTECH, INC.

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March 6, 2006

Rebecca Farless
Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0763-01
DWC#: _____
Injured Employee: _____
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 FOL and South Coast Spine and Rehab Center, PA. 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 DWC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by South Coast Spine and Rehab Center:

Office visits (09/21/05 – 02/20/06)

Information provided by FOL:

Medical Dispute Resolution Request/Response

Clinical History:

This patient is a 39-year-old Hispanic male who was injured his lower back on ____, while unloading a trailer of water hyacinth with a pitchfork.

2005: In September, E. Roy Strong, D.C., noted the following: *In 2004, Magnetic resonance imaging (MRI) of lumbar spine revealed bulges from T11-T12 through L4-L5, central bulges from L1-L2 through L3-L4, and a left central disc herniation at L5-S1. It was noted that the patient underwent an inguinal hernia repair. He had a right knee surgery on November 18, 2004; a lumbar laminectomy and fusion on March 29, 2004, by Jorge Tijmes, M.D.; a trial implantation of ANS epidural stimulation electrodes on February 15, 2005 followed by a permanent dorsal column stimulator implantation on March 15, 2005, by Donald Kramer, M.D. He underwent re-implantation of the DCS on two occasions on April 19, 2005, and September 14, 2005. E. Ray Strong, D.C., diagnosed lumbar herniated nucleus pulposus and thoracic/lumbosacral neuritis. He recommended therapy three times a week for two weeks consisting of therapeutic exercises, interferential current, and massage.*

In November, in a functional capacity evaluation (FCE), the patient qualified at a sedentary work category. Dr. Strong recommended therapy which was denied by the carrier since the patient had had a reasonable course of post-procedure PT and had no reasonable progress following this. Fernando Avila, M.D., noted musculoskeletal deconditioning contributing to chronic pain and recommended an aggressive therapeutic exercise program. He continued the patient on Norco, Flexeril, and Mobic for failed back syndrome.

2006: The reconsideration for therapy was denied by the carrier. In a follow-up, Dr. Avila diagnosed myofascial pain syndrome and recommended an active rehab along with injection therapy. On February 20, 2006, Dr. Strong requested reconsideration of PT three times per week for three weeks consisting of electrical stimulation, manual therapy, and therapeutic exercises.

Disputed Services:

Preauthorization denied for physical therapy 3 times a week for 3 weeks, consisting of 97032 (1 unit), 97124 (1 unit), and 97710 (4 units).

Explanation of Findings:

The services which are proposed are not reasonable in this case. The patient has had an enormous amount of physical, surgical and pharmacological therapies and has failed to respond in a reasonable manner to any of the care that has been rendered. In spite of 2 years of treatment, he still is in the sedentary category of work. Clearly, the services that are proposed have been tried without success. The treating provider has given no rationale as to why this treatment would be expected to have a differing outcome to the treatment that had been performed over the course of the previous 2 years. While the patient was clearly injured seriously, the treatment rendered has already been in excess of what would be expected on a case such as this and no further treatment would be expected to improve the patient's ability to do his job.

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

The reviewer agrees with the URA's decision to deny the care.

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

North American Spine Society Phase III, Mercy Center Guidelines, TCA 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.