MATUTECH, INC.

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AMENDED (04-07-06)
April 4, 2006

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

Re: Medical Dispute Resolution

MDR Tracking #:	M2-06-0787-01
DWC#:	___
Injured Employee:	___
DOI:	___
IRO#:	IRO5317

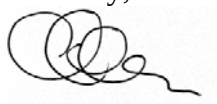
Dear Ms. Farless:

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 Texas Mutual Insurance Company. 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 pain management, 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 Texas Mutual Insurance Co.:

Clinic notes (01/13/05-12/13/05)
Radiodiagnostics (02/10/05-03/01/05)
Psychotherapy notes (07/15/05-08/17/05)
Designated doctors evaluation (12/01/05)

Clinical History:

This is a 27-year-old Hispanic male who sustained injuries to his lower back, neck, and shoulders while he was lifting and carrying boxes to the attic.

2005: Imre Kocsis, D.O., diagnosed lumbar sprain, injury to lumbar nerve root, neck sprain, and shoulder sprains/strain. He treated the patient with passive therapy, ibuprofen, and Skelaxin. Magnetic resonance imaging (MRI) of the lumbar spine revealed minimal diffuse annular bulging and posterior endplate spur at L4-L5 resulting in minimal L4 neural foraminal narrowing. Cervical MRI revealed mild paracervical lordotic reversal. MRI of the right shoulder revealed very mild acromioclavicular (AC) joint hypertrophy whereas MRI of the left shoulder was unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) studies of the upper extremities and neck were unremarkable whereas studies of the lower extremities revealed L5 radiculopathy. In June, the patient underwent a mental health evaluation. He was noted to have undergone outpatient physical therapy (PT) which had temporarily helped. He continued to have chronic pain. The diagnoses were major depressive disorder and pain disorder. The patient underwent six sessions of individual psychotherapy from July through August. On designated doctor's evaluation, Mark Parker, M.D., noted the patient had undergone bilateral lumbar intra-articular facet injections by Dr. Eaton in June. He was then seen by Dr. Battle who felt there was no surgical lesion. The patient therefore underwent median branch blocks from L3 through S3. He also underwent radiofrequency ablation (RFA) from L3 through S3 on the right. The patient was on hydrocodone. Dr. Parker declared the patient at maximum medical improvement (MMI) as of December 1, 2005, and assigned whole person impairment (WPI) rating of 10%.

Neil Atlin, D.O., a pain physician, noted a positive straight leg raise (SLR) test. There were trigger points in the cervical spine and tenderness at the sciatic notch. He diagnosed chronic back pain syndrome consistent with right lumbar radiculopathy, chronic neck pain associated with myofascial pain syndrome, and moderate-to-severe reactive depression and deconditioning. He recommended an interdisciplinary pain program and prescribed amitriptyline, Effexor, Lyrica, and hydrocodone. A clinical interview was held by Graciela Valenzuela, L.P.C., who diagnosed pain disorder associated with both psyche factors and a general medical condition. She recommended a 10-day

interdisciplinary chronic pain management program (CPMP). However, this service was non-authorized by the carrier since the patient was still undergoing active medical treatment and there had been an inadequate follow-up evaluation for positive EMG and the treatment options had not exhausted. Reconsideration for the denial of the former services was requested. On December 28, 2005, this was also non-authorized for the following reason: There were no organic findings and there was no reasonable expectation from a chronic pain management program to alter the outcome.

Disputed Services:

Chronic pain management program x 10 sessions.

Explanation of Findings:

The medical information provided would indicate that this claimant sustained multiple soft tissue injuries while lifting and carrying boxes upstairs into an attic. Imaging studies basically revealed preexisting cervical and lumbar stenosis and spondylosis as well as AC joint arthropathy. The patient has undergone extensive physical therapy treatments and chiropractic care. He also has undergone previous individual psychotherapy for depression. Furthermore, he has undergone multiple injections including epidurals and facet blocks with good relief, ultimately requiring rhizotomy which was performed in late 2005. The patient was seen by Dr. Parker for a designated doctor evaluation, the patient at that time had been relatively stable and complaining primarily of lower back pain without radiation and occasional discomfort. The impression was lumbar strain with degenerative disc disease and radiculopathy. The patient was felt to be at MMI. At that point in time, the patient's condition was felt to be static and stable and overall at a plateau. The information would seem to indicate that the patient was at a position to return back to work or at least attempt to return back to work. The patient, however, was referred to another pain specialist, first from Dr. Battle and Dr. Eaton and then to Dr. Atlin, who with a professional counselor by the name of Graciela Venezuela, recommended a pain program. I do not feel that this is a reasonable endeavor for this patient and is not medically indicated. The patient, true enough, has undergone the primary and secondary levels of care. After being placed at MMI, the focus and emphasis should be on returning back to work. The patient is not taking any significant narcotics and does not appear to have any significant narcotic issue. The emphasis should be on return to work, vocational rehabilitation, and not continuation of treatment in the tertiary level of care. The patient has really no other significant organic findings. The condition is a soft tissue strain, which should have resolved within three to six months following injury. The patient's preexisting condition is noted.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

The recommendation should be for return to work, continued management from a pain physician, to wean off narcotics, and continuation of home exercises.

Therefore, the decision is to overturn previously denied non-authorizations for chronic pain management program.

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

ACOEM Guidelines, Chapter 12.

The physician providing this review is a physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. The reviewer has been in active practice for 10 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.