

MATUTECH, INC.

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April 28, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0797-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

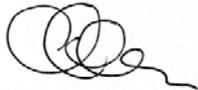
Dear Ms. Farless:

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 Downs Stanford. 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 Downs Stanford:

Peer review (10/28/05)
Designated doctor evaluations (06/18/04 – 07/05/05)
Radiodiagnostics (01/19/04)
Electrodiagnostics (02/18/04 – 10/22/04)
Office visits (11/06/03 – 11/08/05)
Procedure note (03/09/05)
Therapy notes (11/04/03 – 09/27/05)
CPMP notes (03/21/05 – 05/13/05)

Clinical History:

This is a 60-year-old female who was walking down a ladder and fell forward landing on her hands, right knee, and neck on ____.

2003: Per the first available record, in November, the patient returned to Robert Stuart, M.D., for a recheck. Her condition was improving but neck pain and leg contusion persisted. Dr. Stuart diagnosed cervical strain and lower leg contusion. The patient attended nine therapy sessions. Robert Ippolito, M.D., noted complaints of some numbness and tingling in the left hand. The neck pain radiated bilaterally into the upper extremities. She was taking Tylenol. Dr. Ippolito started Celebrex and Lidoderm patches.

2004: Magnetic resonance imaging (MRI) of the cervical spine revealed multilevel disc bulges from C3-C4 through C6-C7 and a small hypertrophic spurring at C5-C6. Electromyography/nerve conduction velocity (EMG/NCV) studies of the upper extremities were unremarkable. The neurologist diagnosed greater occipital neuralgia and recommended home-based spine traction, a trial of gabapentin and tizanidine, greater occipital nerve blocks, and trigger points blocks. Michael Taba, M.D., prescribed a transcutaneous electrical nerve stimulation (TENS) unit, Vioxx, and Lidoderm patches since the patient declined TPIs. From March through April, the patient underwent traction therapy and therapeutic exercises. Audrey Stein-Goldings, M.D., a designated doctor, noted that the patient had performed at a medium physical demand level (PDL) in a functional capacity evaluation (FCE). Dr. Goldings recommended return to work without repetitive activities. She assessed maximum medical improvement (MMI) as of December 17, 2004, and assigned whole person impairment (WPI) rating of 5%. Stephen Ozanne, M.D., noted additional complaints of lower back pain with left leg numbness extending to the leg and foot. Dr. Ozanne diagnosed lumbar strain and possible

herniation and recommended further diagnostics. In an addendum to his previous report, Dr. Goldings stated the following: There were many magnified responses in the FCE which could not be medically explained. The original injury should have resolved and no further treatment was necessary. The patient should have gone back to regular duties. PT was restarted which also included chiropractic manipulative techniques (CMT). EMG/NCV studies revealed both cervical and lumbar radiculopathies. An unknown physician administered a TPI to the trapezius. Lortab and ibuprofen were prescribed. Craig Freyer, M.D., a designated doctor, held the decision of considering the patient at MMI since the patient was undergoing injection therapy to the cervical area. Dr. Freyer recommended a consideration of epidural injection and/or TPIs. In another designated doctor evaluation (DDE), Dr. Goldings noted symptom magnification. She stated the cervical injections had been of no benefit. Neither was chiropractic therapy working. She stated no further treatment was necessary and maintained her previous MMI date and WPI rating.

2005: In a behavioral assessment, the patient was found to be depressed and sleep-deprived. Lane Casey, D.O., prescribed Medrol Dosepak for lumbar and cervical complaints. He administered a cervical ESI for radiculopathy. John Pipsidikis, D.C., stated the patient underwent four sessions of psychotherapy. The patient was taking Ambien and hydrocodone. Dr. Pipsidikis agreed with the recommended multidisciplinary chronic pain management program (CPMP). From March through May, the patient underwent CPMP at Advantage Healthcare. The physicians from that facility treated her with Zoloft, Motrin, and Darvocet. In March, Dr. Freyer stated the patient was not at MMI. Reviews of computerized tomography (CT) of neck had shown aging degenerative process and MRI of lumbar spine had shown a possible disc protrusion at L3-L4 lateralized to the left. After an FCE, the patient had been recommended a work hardening program (WHP). Dr. Pipsidikis referred her to a neurosurgeon for surgical consult. A stimulator unit was approved. The patient continued to have CMT to her spine from May through September. Dr. Freyer recommended a series of CESIs with TPIs over the trapezial areas. The patient presented to the Wol Med Clinic for severe back pain. The physician diagnosed lumbar radiculopathy and right knee strain and asked her to continue prescription medications.

In a peer review, Gary Martin, D.C., noted the following: Lumbar MRI had revealed hypertrophic changes and degeneration throughout the lumbar vertebral bodies; a 2-mm disc protrusion at the third vertebral disc; and a 3-mm protrusion at the third and fourth that lateralized to left compressing the thecal sac. A CT scan had revealed flattening of the cervical lordosis, hypertrophic spurs, and degeneration at C5-C6. Dr. Martin rendered his opinions as follows: (1) No further treatment was reasonable and necessary as related to the original injury of _____. (2) The injury had resolved and the ongoing pain was probably related to the pre-existing degenerative conditions.

Ronald Davis, D.O., noted insomnia due to pain. Range of motion (ROM) in both cervical and lumbar spine was diminished. There was intermittent pain in both cervical and lumbar segments with radiculopathy. Dr. Davis diagnosed cervicalgia, lumbago, and myalgia. He placed her on medications for insomnia and for analgesic effect.

2006: In January, the lumbar ESI was denied for the following reason: There was insufficient documentation of the patient's response to the first ESI and of recent compliance with an exercise program. On January 20, 2006, epidural injection was denied for the following reason: The patient was placed at MMI on December 17, 2004, with no impairment awarded for lumbar symptoms or clinical findings. EMG showed absence of any significant findings. MRI done a year ago did not identify any clear evidence of neurocompressive pathology. On January 31, 2006, Dr. Pipsidikis diagnosed cervical disc displacement, cervical radiculitis, chronic pain, and contusion of lower extremity. He recommended light duty work.

Disputed Services:

Lumbar epidural steroid injection.

Explanation of Findings:

(Patient appears to have disc injury with ongoing symptoms
Review of records indicate no previous LUMBAR fluoroscopically guided injections prior to current request
Review of Video approximately 11 minutes which was provided
Review of TWCC forms indicating patient is released to full duty work and appears consistent with the video findings
Electrodiagnostic study supports radiculopathy)

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

(Conclusion is recommendation to Overturn denial for ONE LEVEL TRANSFORAMINAL EPIDURAL INJECTION, FLUOROSCOPICALLY GUIDED, WHICH WOULD BE DIAGNOSTICS AS WELL AS THERAPEUTIC)

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

(Bigos SJ, Perils, pitfalls, and accomplishments of guidelines for treatment of back problems, Neurol Clin 1999 Feb;17(1):179-92
ODG- TWC Evidence Based GUIDELINES
ASIPP Evidence Based Guidelines

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer has been in active practice for eight 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.