

MATUTECH, INC.

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March 29, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0845-01
DWC#: _____
Injured Employee: _____
DOI: March 5, 2004
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 Summit Rehab Centers, Texas Health, Marivel Subia, D.C., and Texas Mutual Insurance Co. 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 Summit Rehab Centers:

Office notes (09/14/04 - 02/28/06)

Information provided by Texas Health:

Chronic pain management requests (12/22/05 - 12/27/05)

FCE (12/02/05)

Behavioral evaluation (09/23/05)

Procedure notes (06/17/05 - 08/05/05)

Radiodiagnostics (06/22/04)

Office notes (09/21/04 - 12/16/05)

IR evaluation (08/10/05)

Information provided by Marivel Subia, D.C.:

Therapy notes (09/23/04)

FCE (12/02/05)

Office notes (09/14/04 - 01/30/06)

IR evaluation (07/12/04 - 01/06/06)

Procedure note (05/06/05 - 08/05/05)

Radiodiagnostic studies (06/22/04)

Information provided by Texas Mutual Insurance Co.:

Office notes (03/08/04 - 11/01/05)

Radiodiagnostic studies (06/22/04)

Therapy notes (09/10/04 - 09/14/04)

IR evaluation (08/10/05 - 01/06/06)

Clinical History:

This is a 31-year-old male who injured his back and right ankle when he fell off a ramp and landed on his right ankle with an inversion injury to the right ankle. He landed on his right side and had an abrasion on his right lower abdomen.

2004: Locum Logan, M.D., noted mild ecchymosis and tenderness of the right medial malleolus and diffuse right-sided thoracic and lumbar tenderness. There was a 10-cm area of erythema with a punctate central scab in the abdomen. X-rays revealed a metallic foreign body in the area of the abscess in the abdomen. Dr. Logan diagnosed right ankle sprain and abdominal wall abscess. He dispensed naproxen and recommended an ankle

brace and application of ice/cold pack. Magnetic resonance imaging (MRI) of the lumbar spine revealed posterocentral protrusions at L3-L4, L4-L5, and L5-S1. David Thorne, M.D., assessed maximum medical improvement (MMI) as of July 12, 2004, and assigned 0% whole person impairment (WPI) rating. Dr. Thorne noted that the patient had undergone irrigation and debridement of the abscess and had also undergone physical therapy (PT). Dr. Thorne diagnosed lumbar strain. Marivel Subia, D.C., diagnosed lumbar intervertebral disc disorder with myelopathy and sciatica. X-rays of the lumbar spine revealed narrowed disc space and chronic postural alterations. From March through September, the patient underwent chiropractic care with Dr. Subia consisting of electrical stimulation, mechanical traction, manipulation, and manual therapy. Andrew Small, III, M.D., diagnosed right ankle strain, healed, and lumbar intervertebral disc disease per the MRI findings and prescribed Darvocet-N.

2005: Dr. Small noted that the patient had undergone a work hardening program (WHP) in another facility and a functional capacity evaluation (FCE) in which he could not perform at his job requirements. Dr. Small noted mild anxiety and depression and recommended 20 sessions of a chronic pain management program (CPMP). He refilled Darvocet and added Paxil, Lortab, and Celebrex to the medications. Dr. Small reported that the patient underwent individual psychotherapy and biofeedback and his work hardening had been denied twice by the carrier. The patient was also taking Tylenol. Steven Eaton, M.D., diagnosed L2-L3 and L3-L4 bilateral facet dysfunction; herniated discs at L3-L4, L4-L5, and L5-S1; and possible L3-L4 discogenic pain. He administered lumbar facet blocks, median branch blocks, and radiofrequency (RF) ablation in the lumbar spine. He recommended a work hardening program (WHP) for six weeks. David Thorne, M.D., noted continued lower back pain despite several injections and stated that the patient was not at MMI. In a mental health evaluation, the patient was diagnosed with chronic adjustment disorder with anxiety. A multidisciplinary WHP was recommended. Dr. Eaton reported that the patient had started WHP and after one week had spasms in the lower back. He recommended continuing the WHP. In an FCE, it was noted that the patient had completed four weeks of WHP. The pain level seemed to be the main limiting factor. A CPMP was recommended. The patient qualified at a sedentary-to-medium PDL. Dr. Small reported that the patient did not meet his functional capacity goals and had received individual psychotherapy as well as biofeedback. He recommended 20 sessions of CPMP and refilled Naproxen and Paxil. He placed a pre authorization request for the same, which was denied by the carrier. It was noted that the patient performed at a median PDL whereas his job required a heavy PDL. In a chronic pain evaluation, 20 days of CPMP were recommended.

2006: Daniel Thompson, III, M.D., assessed MMI as of January 6, 2006, and assigned 7% WPI rating. Dr. Small refilled naproxen and Paxil. In January, reconsideration request for 20 days of CPMP was placed by Dr. Subia. The carrier did not authorize the CPMP since there was insufficient psychological evidence to support the request.

On February 27, 2006, in a rebuttal of the first denial, Phil Bohart, M.S., LPC, reported the following. (1) The patient had never been pre authorized for a tertiary CPMP nor had he participate in seven days of CPMP. His problems were consistent with a diagnosis of

chronic pain syndrome. (2) The treatment of choice to promote his recovery would be participation in an interdisciplinary chronic pain program. (3) Per the prescription from the referring doctor information gathered during initial behavioral medicine assessment and low-level treatment, he was a suitable candidate for a tertiary level of care. He met the criteria for referral to multidisciplinary CPMP. In a rebuttal of second denial, the following was noted: (1) The patient was taking medications for both pain and depression and anxiety even though his symptoms were fairly well- controlled. (2) There was obvious apprehension and psychological overlay in this case, which needed to be addressed and taken care of before he could be given a fair Impairment rating (IR). (3) He had a long-standing history of injury-related mood disturbance. Mr. Bohart recommended 20 days of CPMP. On February 28, 2006, Dr. Small refilled Paxil for his anxiety and depression. The patient's symptoms had deteriorated when he ran out of Paxil.

Disputed Services:

Chronic Pain Management Program x 20 days/sessions.

Explanation of Findings:

The findings are listed in the synopsis provided. Essentially, the patient fell off a ramp and injured his right leg and lower back. He has had extensive medical treatment with therapy and medications as well as injections and extensive chiropractic therapy. The patient has also been through a tertiary care work rehabilitation program with behavioral assessment and psychotherapy as part of that program. The patient has already achieved MMI status by the designated doctor in January 2006 and is currently receiving a little in terms of pain medications although is requiring antidepressants. The patient has not had any surgery, does not have a condition such as failed back syndrome. The patient is currently receiving maintenance management only from his treating physician.

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

It is my opinion, based on the documentation provided, that a chronic pain management program is not indicated at this point in time. The patient has already been through a tertiary care work rehabilitation program with individual psychotherapy sessions. The patient's clinical injury as that has been described is rather benign, a lumbar strain and ankle sprain. The patient has pre-existing lumbar degenerative disc disease. The patient has had extensive treatment up until this point. The recommendation will be to return to work with restrictions and continuation of medications as described for a period of up to one year for reactive depression. There is no indication for a pain management program at this point in time after extensive treatment already provided and after MMI status has been declared. There are also no significant narcotic dependency issues or significant psychologic deficits, which would justify the necessity of such a program.

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

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.