

MATUTECH, INC.

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

March 29, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0910-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

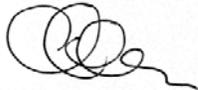
Dear Ms. Farless:

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 Cypress Orthopedics and TASB. 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 orthopedics, 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 Cypress Orthopedics:

MRI lumbar spine (09/12/05)
Office notes (10/13/05 - 03/13/06)

Information provided by TASB:

Office notes (08/23/05 – 10/11/05)
Therapy notes (09/01/05 – 01/18/06)
Peer review (01/03/06)

Clinical History:

This is a 50-year-old female who injured her neck, shoulder, and back in a motor vehicle accident (MVA) when the school bus she was driving was rear-ended.

2005: Following the injury, Walter Lee, M.D., examined her for pain in the lower back, neck, and shoulder and for stomachache. He diagnosed back, cervical, and shoulder strain and treated her with Soma and Darvocet. From September through November, the patient attended 15 sessions of physical therapy (PT) consisting of electrical stimulation, ultrasound, therapeutic exercises, neuromuscular re-education, and instructions on a home exercise program (HEP). Magnetic resonance imaging (MRI) of the lumbar spine revealed mild changes of spondylosis including the following: (a) disc desiccation at L1-L2; (b) disc desiccation with mild loss of disc height at L2-L3 and L4-L5; and (c) disc desiccation, loss of disc height, and a bulging annulus causing mild narrowing of the neural foramen at L5-S1. In the MRI report, a history of back surgery in 1996 was noted. Pierre LeBaud, M.D., an orthopedic surgeon, noted significant instability at L3-L4 and disc desiccation at multiple levels per the MRI findings. He treated the patient with Celebrex, Soma, Vicodin, Darvocet, and a lumbar support. He discussed possible lumbar epidural steroid injection (ESI). In December, he placed a request for the same and recommended more aggressive treatment. The request for the ESI was denied for the following reason: *MRI was negative for neural compression and no objective signs of radiculopathy had been documented.* A request for PT had also been denied. Dr. LeBaud placed a reconsideration request for the ESI.

2006: In a peer review, Michael Albrecht, M.D., rendered the following opinions: (1) The mechanism of injury did not appear to have occurred to a significant degree. (2) The patient did not sustain any naturally flowing medical sequelae. (3) The multilevel degenerative disc disease (DDD), degenerative arthritis of the spine, a previous spine surgery, and sequelae should be excluded. (3) The patient suffered from multilevel DDD/degenerative joint disease (DJD) of the spine with a previous surgical intervention.

There was insufficient documentation to suggest that the lumbar injury was plausible. (4) One would not expect symptoms to persist for more than six weeks following the date of injury and PT should not have persisted beyond that time. (5) Most clinical guidelines failed to support obtaining MRI within the initial six weeks without evidence of worsening radiculopathy or a progressive neurologic deficit. (6) Further intervention was not warranted. The patient should be on an HEP. Further formal evaluation and management would not be necessary beyond the initial six weeks following the date of injury.

Dr. LeBaud prescribed PT and placed a reconsideration of the ESIs. The reconsideration request was denied by the carrier. The patient attended two sessions of PT with supervised therapeutic exercises. In February, Dr. LeBaud indicated that the diagnosis was spinal instability and left-sided radiculopathy. A light-duty status was given. Dr. LeBaud advised her to follow-up in two weeks.

Disputed Services:

Lumbar epidural steroid injection at L4-S1

Explanation of Findings:

Based on her reported summary and medical records provided, Ms. ____ was involved in a motor vehicle collision in ____ while driving a school bus. In the scope of her employment, she was apparently rammed from behind by an oncoming truck while she was in a stop position. The patient was noted to have neck and back pain at that point. An MRI of the lumbar spine revealed evidence of multi-level degenerative disc disease and some narrowing of the L5-S1 neuroforamen. Further reports by the patient's orthopedic surgeon revealed findings consistent with radiculopathy in the lower extremities and appeared to be performed in 2006 by Dr. Michael Albrecht associated with patient's findings to a degenerative process to the lumbar strain only and reported there was no indication for more than a home exercise program. Treatment being requested as noted is lumbar epidural steroid injection.

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

In summary, based on the above findings and reported physical complaints of the patient, I do feel that it is reasonable to provide her with a course of epidural steroid injections. The repetition of the injection should be based on pain response and the length of time with which she receives benefit, although I agree with D. Albrecht that the patient appears to have a degenerative process primarily involving the lumbar spine. There does appear to be a relatively new-onset radicular finding in the lower extremities on the left side reported by the patient's orthopedic surgeon. Additionally, he reports that she is currently not a surgical candidate and that his recommendation would be to treat her with a concerted effort of conservative treatment to provide her symptomatic relief. I do agree with this philosophy although there is evidence of preexisting disease, there may have been resultant exacerbation of the patient's lumbar spondylosis and radicular findings

resulting from a potential annular tear and chemical cascade which occurs with those findings resulting in a chemical radiculitis without the evidence of mechanical compression.

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

As a fellowship-trained spine surgeon, I have seen in many instances in my training and in my private practice in which patients have presented with relatively mild appearing MRI findings, but a clear definable physical exam correlates with a radiculopathy. This radiculopathy may be more properly termed radiculitis as a result of the chemical cascade and an inflammatory milieu that ensues after an incident such as described in Ms. ____'s case. I do agree that there is certainly a condition that is preexisting with respect to her diagnosis, but I am unable to clearly rule out a potential exacerbation of that diagnosis resulting in acute radiculopathy. The trauma sustained in a motor vehicle collision in order to shake a bus is somewhat significant, and although Dr. Albrecht states that he would need to know the source of impact, obtain a police report, and determine the vector of the collision, I think it is more logical to assume that the patient's new onset radiculopathy may, in fact, have been exacerbated by this work-related event. I, therefore, find it quite reasonable to treat her with persistent and continued conservative treatment in the form of epidural steroid injections. Certainly, if these injections do not prove successful, I would not perform more than one or two, attempts at performing them. If the patient is noted to receive significant benefit, injections upto 3 would be reasonable. The patient's symptoms should resolve or improve significantly by the 3 to 6 month point post-injury.

The physician providing this review is an Orthopedic Surgeon. The reviewer is national board eligible by the American Board of Orthopedic Surgeons. The reviewer has been in active practice for 9 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.