

# **MATUTECH, INC.**

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April 27, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1044-01  
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 RS Medical, Pain and Spine Center, and Beverly Vaughn. 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 RS Medical:

Prescriptions (11/17/05-01/09/06)  
Office Note (01/06/06)

#### Information provided by Pain and Spine Center:

Office Notes (11/29/05-07/07/05)  
Procedure note (06/10/05)

#### Information provided by Beverly Vaughn:

Radiodiagnostic studies (06/24/93 – 03/31/05)  
Office Notes (11/05/93 - 11/29/05)  
Therapy notes (04/08/02 – 01/26/04)  
Procedure Note (05/23/05 - 06/10/05)

### Clinical History:

This is a 73-year-old male who injured his lumbar area while attempting to lift some files from his car. He felt a sharp pain in his lower back going down to his left leg.

**1993–2004:** X-rays of the lumbar spine were unremarkable. Computerized tomography (CT) revealed the following: (a) mild-to-moderate spinal canal stenosis at L4-L5 with moderate posterior bulging annulus fibrosis and hypertrophic degenerative changes of the posterior elements bilaterally, contributing to canal stenosis; (b) mild spinal canal stenosis at L3-L4 with mild posterior bulging of annulus fibrosis and some hypertrophic degenerative changes posteriorly; and (c) degenerative changes from the L3-L4 through L5-S1 apophyseal joints and degenerative changes of the sacroiliac (SI) joints bilaterally. Joseph Wilson, D.C., diagnosed lumbosacral sprain/strain, sciatic neuralgia, lumbar osteoarthritis, and lumbar disc protrusion. He treated the patient with passive therapy. (No records are available for the year 1994 and years 1996-2001). In 2002, David Masel, M.D., noted that therapy, epidurals, and Ultracet were of no benefit. He recommended physical therapy (PT) and if no improvement, then a surgical intervention. In \_\_\_\_, the patient underwent kyphoplasty for an L3 compression fracture. He also underwent an inguinal hernia repair. From November through December, he attended 14 sessions of PT. In 2004, Dr. Masel administered a lumbar ESI. The patient attended post-injection PT.

**2005:** Magnetic resonance imaging (MRI) of the lumbar spine was performed due to worsening low back pain. It showed status post vertebroplasty at L2 without significant retropulsion, bilateral renal cysts, and facet arthrosis from L1-L2 through L4-L5 with ligamentum flavum hypertrophy, annular bulge, and mild canal stenosis at L3-L4 and L4-L5. There was diffuse disc desiccation spacing at L5-S1. Vicodin and Celebrex were refilled. Jose Villarreal, M.D., diagnosed lumbosacral spondylosis and lumbosacral neuritis. He treated the patient with bilateral L3-L4 and L4-L5 therapeutic facet blocks x1 and left L4 and L5 nerve root transforaminal ESI x1. The radicular pain in the leg had decreased, but the patient complained of some vague dysesthesias and numbness in his lower extremities. EMG/NCV studies revealed L5 radiculopathy. Doppler studies were unremarkable. Dr. Villarreal treated him with Neurontin, hydrocodone, Avinza, Miralax, Lyrica, and Duragesic. In November, he prescribed an RS-4i interferential and muscle stimulator. The patient showed marked reduction in his back spasms with it; therefore, its use was continued.

**2006:** On January 6, 2006, Dr. Villarreal wrote a letter of medical necessity for the RS-4i stimulator for chronic pain. On January 18, 2006, the RS-4i stimulator was denied. The reason given was that it had no proven efficacy in treating acute low back symptoms. On January 9, 2006, Dr. Villarreal prescribed the RS-4i stimulator.

On January 30, 2006, purchase of the RS-4i interferential and muscle stimulator was denied. The rationale was that the proposed device was not broadly accepted as the prevailing standard of care and was not recommended as reasonable or medically necessary. Interferential stimulators and other such passive modalities were only indicated in the acute phase and their use must be time limited.

**Disputed Services:**

Purchase of an RS-4i sequential 4 channel combination interferential and muscle stimulator.

**Explanation of Findings:**

The use of a passive modality such as a RS4 muscle stim unit is generally not beneficial in evidence based medical literature or peer reviewed journals and has not been proven superior to active exercises in the chronic phase of injury according to ACOEM GUIDES, ch 12. It would appear that the compensable lumbar strain has long ago resolved and the current complaints are more due to natural aging and ordinary disease of life. Therefore, ongoing use of RS4 is not reasonable, necessary or related.

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

Please see above.

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

ACOEM Guides ch 12.

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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.