

# **MATUTECH, INC.**

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April 19, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1113-01  
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 the Fall Community Clinic and Texas Association of School Boards (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 Physical Medicine and Rehabilitation 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 Fall Community Clinic:

Office Visits (03/06/01 - 03/09/06)  
Radiodiagnostic studies (04/13/04)  
Electrodiagnostic studies (06/07/95)

#### Information provided by Texas Association of School Boards:

Office Visits (03/17/94 - 03/09/06)  
Radiodiagnostic studies (01/22/99 - 04/13/04)  
Peer review (03/06/06)  
Required medical evaluation (03/14/06)  
Therapy notes (05/11/94 – 04/20/95)  
FCE (09/30/99)  
IR review (09/12/94 – 08/17/95)  
Procedure notes (03/10/99)  
Independent review determination (03/23/04)

### Clinical History:

The patient is a 47-year-old female who lifted two boxes from the floor and pulled her back on the day of injury. She felt pain in her lower back radiating to bilateral extremities.

**1994 -1997:** Don Wright, M.D., noted normal x-rays and diagnosed lumbar strain. He treated the patient with medications, an ortho mold back brace, and a course of physical therapy (PT). Dr. Wright assigned an impairment rating (IR) of 0%. Robert Saxton, M.D., gave an IR of 14%. Charlotte Smith, M.D., indicated that Dr. Saxton, a neurologist, had diagnosed lumbar radicular syndrome. Follow-up x-rays showed a mild scoliosis to the left. Computerized tomography (CT) of the lumbar spine was unremarkable. Dr. Smith diagnosed myofascial pain syndrome and disuse weakness and deconditioning. She felt the patient was not at maximum medical improvement (MMI) and required further therapy. In 1995, Richard Hurley, M.D., noted that magnetic resonance imaging (MRI) of the lumbar spine was unremarkable. He administered a series of three lumbar epidural steroid injections (ESIs), which were of no help. The patient underwent a course of PT. Electromyography/nerve conduction velocity (EMG/NCV) studies of the right lower extremity were unremarkable. Brett Bolte, M.D., noted that myelogram findings had been normal. He diagnosed chronic lower back pain, depression, and slight leg-length discrepancy. He started the patient on Zoloft and felt she was at MMI. Brett Miller, M.D., recommended sacroiliac (SI) joint mobilization. David Schickner, M.D., assessed MMI as of August 17, 1995, and assigned whole person

impairment (WPI) rating of 5%. In 1996, Dr. Schickner treated the patient with Elavil, Cataflam, Zoloft, Orudis, Baclofen, and Relafen. 1997 - No medical records are available.

**1998 - 2003:** Dr. Schickner noted the patient had been seen by a rheumatologist and diagnosed with spondylitis and sacroiliitis with fibromyalgia. Tolectin, Lortab, Soma, and Lodine were prescribed. In 1999, x-rays of the lumbar spine revealed minimal degenerative changes. Lumbar MRI revealed a suggestion of minimal disc bulges at L3-L4 and L2-L3. A lumbar discogram was unremarkable. Dr. Schickner recommended decompression and fusion. However, two neurosurgeons, William Blair, M.D., and Arthur Evans, M.D., did not feel the surgery was required and recommended conservative care. MRI in 1998 had shown a modest degenerative appearance to the L5-S1 disc and a slight bulge of the L2-L3 disc. All the diagnostic findings over the last five years had been unremarkable and were inconclusive regarding any surgical judgment. Repeat discogram showed mild internal derangement at the lower three levels, most pronounced at L3-L4, with an evidence of annular tear. CT confirmed a left parasagittal annular tear at L3-L4. Dr. Evans noted a lot of psychological factors and overlay and the discogram was not sufficiently abnormal to suggest surgery. William Osborne, M.D., retained his opinion of WPI of 5%. Dr. Schickner prescribed Ambien. A functional capacity evaluation (FCE) was conclusive for deconditioning. Repeat MRI in 2000 revealed minimal bulges at L5-S1, L3-L4, and L2-L3. Dr. Schickner continued her on Lortab and Soma. From 2001 through 2003, J. Scott Crockett, D.O., evaluated the patient for unrelated wrist complaints. He refilled Lortab for her back complaints.

**2004 – 2005:** Dr. Crockett noted complaints of weakness in the legs and numbness in the right foot along with back pain. Through 2004 and 2005, he treated the patient with Lortab, Soma, Vioxx, and Vicodin. A 3-level lumbar discogram revealed some degree of internal derangement at all three levels, particularly at L3-L4. The patient was symptomatic at L3-L4 and L5-S1 and the symptoms were discordant with the pre-existing symptoms. CT showed a large left-sided annular tear and extravasation at L3-L4, minimal irregularity and fissuring of the L5-S1 disc, and mild generalized annular bulging at L2-L3. Patrick Cindrich, M.D., a neurosurgeon, stated that apparently no MRI had been done for the past 10 years. He requested an MRI scan which was denied since the patient had undergone numerous MRI studies in the past and did not have any new symptoms to warrant a new MRI.

**2006:** Dr. Crockett refilled Vicodin and Soma. A preauthorization request for repeat MRI was denied on the basis that there were no new clinical signs or symptoms relative to the L3-L4 level. A request was sent for reconsideration. On February 15, 2006, it was denied since the last imaging had been done on April 13, 2004, along with a discogram/CT and there had been no documentation of a progressive neurological deficit. In a peer review, Michael Albrecht, M.D., opined as follows: (1) The patient suffered from degenerative disc disease and arthrosis of the lumbar spine resulting in intermittent mechanical lower back pain. (2) The compensable injury had resolved. (3) The treatment had been in excess and no further treatment was necessary. G. Peter Foox, M.D., performed a required medical evaluation (RME) and rendered the following opinions: (1) The patient developed chronic back pain referable to the injury. (2) There

was no radiculopathy from the discal injury, but the patient continued to be symptomatic with complaints. (3) There were no indications for surgery. (4) She could be managed on office visits every four months. (5) She needed to be weaned from Soma and managed with over-the-counter medications and occasional Ultram. (6) The diagnosis after reviewing the discogram was multilevel degenerative tears of the annulus at L3-L4 and L4-L5.

**Disputed Services:**

Repeat lumbar magnetic resonance imaging (MRI)

**Explanation of Findings:**

The individual has undergone multiple diagnostic tests all failed to reveal change or harm to the physical structure as related to the reported incident. In addition, there is no evidence of neurologic deterioration and the patient had an MRI in January 2000 and discogram with CT in 2005.

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

It is my opinion that the MRI as related to the compensable injury is not clinically justified and the decision is to uphold the denial.

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

ODG reports that repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004).

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The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years 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.