

# **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 #: M2-06-1160-01  
DWC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO#: IRO5317

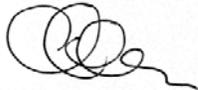
Dear Ms. Farless:

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 Dan Flanagan. 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 chiropractics 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 Dan Flanagan:

Radiodiagnostics (01/06/05)  
Electrodiagnostics (05/12/05)  
Office notes (11/01/04 – 03/28/06)  
Therapy notes (11/04/04 – 11/15/04)  
PT initial evaluation (03/10/06)  
Procedure notes (02/10/05 – 11/10/05)  
Chiropractic notes (04/18/05 – 05/20/05)  
RME (04/21/05)  
DDE (05/18/05)  
PRME (10/24/05)

### Clinical History:

This 37-year-old male was thrown off a speeding bobcat on \_\_\_\_\_. However, he was able to hold on with his hands but landed on his feet and jarred his back. Later, he stated that he lifted bags full of dirt of approximately 50 lbs and had onset of low back pain on the left.

In 2004, following the injury, Samuel Morgan, Jr., D.O., assessed lumbar strain and prescribed Flexeril, Skelaxin, and Celebrex. X-rays were unremarkable. The patient attended six sessions of therapeutic exercises. Dr. Morgan noted improvement and discontinued the PT (physical therapy). A home exercise program (HEP) was recommended. Magnetic resonance imaging (MRI) of the lumbar spine, in January 2005, revealed a mild annular bulging at L4-L5 with mild spinal canal stenosis; mild degenerative facet changes at L4-L5 and L5-S1; and/or mild lower lumbar spondylosis. From February through October, Michael Oliva, M.D., administered an epidural steroid injection and performed nerve root decompression at L4-L5 on the right on three occasions. The patient rated his pain at 10/10. Dr. Oliva continued the patient on Lortab, Skelaxin, and Mobic. The patient was treated with spinal adjustments, moist heat, electrical stimulation, and vibration therapy on nine occasions from April 2005 through May 2005. In a required medical evaluation (RME), Dmitry Golovko, M.D., noted a history of two hand surgeries for septic joint. An examination showed mild tenderness at the lumbosacral junction and the right sacroiliac (SI) joint. Dr. Golovko rendered his opinions as follows: (1) The diagnosis was low back strain and its effects had resolved. (2) The symptoms and complaints were not related to the compensable injury. (3) The chiropractic treatment was not necessary. (4) The patient could return to full unrestricted duty. (5) The treatment for compensable injury would be a few PT visits (per Official Disability Guidelines up to 10 visits would be considered appropriate). (6) Maximum medical improvement date was achieved as of April 21, 2005, and assignment of whole

person impairment (WPI) would be 0%. Electrodiagnostic studies of lower extremities were unremarkable. Kevin McAlpin, D.C., a designated doctor, assessed MMI as of May 18, 2005, and assigned 5% WPI rating. Gerald Hill, M.D., performed a prospective review of medical evaluation (PRME) and diagnosed lumbosacral pain syndrome. He opined that Skelaxin should not be taken on a long-term basis and Lortab was reasonable for periodic flare-ups. He stated the symptoms were related to the injury.

**2006:** Viorel Raducan, M.D., recommended electrodiagnostic studies. However, the patient was interested in being referred to Texas Back Institute. The patient was noted to be on trazodone, Xanax, and Lortab. Lyrica was added. Angela Stephens, PA-C, administered a trigger point injection (TPI) into the L4-L5 paraspinals. The physician recommended a course of PT because of persistent back pain. In a PT evaluation, in March, therapy was planned three times a week for four weeks with hot/cold packs, manual therapy, ultrasound, therapeutic exercises, and an HEP. One session was accomplished on March 10, 2006. On March 20, 2006, a PT request was denied for the following reason: The patient had unknown amount of PT in the past and should be directed to an HEP. On March 21, 2006, Ms. Stephens stated that the patient had myofascial back pain with decreased ROM and an HEP would address the myofascial tightness. He requested a review of the authorization for therapy. On March 22, 2006, reconsideration for PT was denied for following reasons: There was no documented objective neuromuscular impairment to medically justify the PT request and furthermore this was a chronic condition for which the ACOEM Guidelines, second Edition did not support PT intervention for chronic lower back pain. The patient should be capable of continuing independent HEP including lumbosacral spine stretching. On March 28, 2006, Dr. Oliva indicated that the patient had about four months of pain relief following the ESI in November, but pain had returned. There was tenderness in the lumbar spine with lower extremity radiculopathy. Dr. Oliva recommended a repeat ESI and prescribed Lortab.

### **Disputed Services:**

Physical therapy three times per week for four weeks (12 sessions). Modalities: therapeutic exercises, hot/cold packs application, and manual therapy.

### **Explanation of Findings:**

According to the medical records reviewed, the services in dispute are therapeutic exercises, hot/cold packs, and manual therapy. Using the North American Spine Society Phase III Guidelines for multidisciplinary spine care specialists, 2003, the claimant, at the time that the treatments were initially requested was in the tertiary phase of care. Types of interventions in this phase of care include interdisciplinary program, pharmacological control, injections, and behavioral health interventions. The treatments in dispute are interventions performed in the first and second phases of care. In addition, the claimant has completed numerous therapy treatments over the 16 months since his injury. Thus, the treatments in dispute are not medically necessary to treat this claimant in that they do not fit the intervention criteria of the previously mentioned guidelines

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

Uphold Decision

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

North American Spine Society Phase III Guidelines for multidisciplinary spine care specialists, 2003

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The physician providing this review is a chiropractor. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for seven 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.