

# **MATUTECH, INC.**

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June 2, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1167-01  
DWC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO#: IRO5317

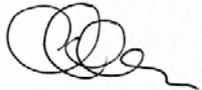
Dear Ms. Farless:

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 Texas Mutual. 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 Texas Mutual:

Office visits (04/14/2005 – 04/13/2006)  
Radiodiagnostics: MRI of the lumbar spine (04/16/2005)  
EMG/NCS study (11/16/2005)

### Clinical History:

This is a 47-year-old male who injured his low back while reaching for something on the floor. He felt a "pop" in his lower back. On April 14, 2005, Grand McKeever, M.D., examined the patient. The following was noted: About a-year-and-a-half back, the patient was reaching in the back of his vehicle and had the same feeling and was diagnosed with a bulging disc. He improved with conservative treatment with some intermittent discomfort. He continued to work using a cane, a back support, and Soma. The pain was concentrated in the center of his lower back to the left with radiation to his buttock. There was a shooting pain down the lateral aspect of his left leg sometimes even into the ankle. He also had numbness of the right leg. Examination demonstrated marked paravertebral spasm, a flattening of his lumbar lordosis, tenderness in the paravertebrals, and limited range of motion (ROM) of the lumbar spine. Sitting root test was positive bilaterally. Dr. McKeever diagnosed herniated nucleus pulposus (HNP) of the lumbar spine and prescribed Medrol Dosepak, Celebrex, Vicodin, and Soma. Magnetic resonance imaging (MRI) of the lumbar spine demonstrated a stable 2-mm central disc protrusion at L4-L5 with a posterior radial disc tear. Jeffery Charnov, M.D., evaluated the patient for back and left lower extremity pain. He noted that the patient had had chiropractic treatment with very little improvement. Dr. Charnov reviewed the MRI findings and recommended a series of caudal epidural steroid injections (ESI). Marcus Hayes, D.C., assessed clinical maximum medical improvement (MMI) as of August 24, 2005, and assigned 10% whole person impairment (WPI) rating. Rebecca Holdren, M.D., examined the patient. The patient was on hydrocodone, Skelaxin, Soma, and tramadol, but at the time of the visit, he had run out off all medications. Dr. Holdren noted increased lumbar lordosis with a cord-like lumbar spine. Dr. Holdren diagnosed displacement of lumbar intervertebral disc. She continued the medications and prescribed Lyrica. An electromyography/nerve conduction velocity (EMG/NCV) study demonstrated a mild L5 radiculopathy. Dr. Holdren prescribed an RS-4i muscle stimulator. From November 2005 through December 2005, the patient attended 33 sessions of RS-4i stimulation.

In 2006, Dr. Holdren stated that the patient suffered from muscle disuse atrophy secondary to lumbar disc displacement and spinal cord disease. He requested that no substitutions were allowed for the RS-4i muscle stimulator, as they were no other comparably safe and effective device. Non-authorization was given on two occasions for the following reasons: There was little or no scientific support to long-stiterm use of RS-4i mulator for chronic pain. Transcutaneous electrical nerve stimulation (TENS),

interferential stimulator, and another session of passive modalities were indicated only in the acute phase and the use must be time limited. In a letter to the carrier on March 20, 2006, the patient stated that following the use of the stimulator he had received temporary pain relief in his lower back, which allowed him to participate in activities, which he would otherwise be unable to participate in. On April 13, 2006, Dr. Holdren saw the patient in a follow-up for continuing symptoms. Lyrica and hydrocodone were refilled and Flexeril and Cymbalta were prescribed.

**Disputed Services:**

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

**Explanation of Findings:**

The patient has a clinical presentation of a lumbar strain on top of preexisting lumbar degenerative disc disease and has been maintained on narcotics, muscle relaxants and anticonvulsants. There has been a trial of NMS unit without objective evidence of benefit.

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

The use of passive modalities such as muscle and nerve stimulators are not considered reasonable in the chronic phase of injury and are not superior to active exercise based program. There is also no objective evidence of improvement including RTW and decreased usage of meds to justify continued use. Uphold denial.

**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.