

MATUTECH, INC.

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

May 23, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1179-01
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 Liberty Mutual Group and Bexar County Healthcare Systems. 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 Liberty Mutual Group:

Clinic notes (01/24/06 – 01/26/06)

Information provided by Bexar County Healthcare Systems:

Pain management referral (01/11/06)

Clinic notes (01/24/06 – 01/27/06)

Clinical History:

This is a 54-year-old Hispanic female who injured her lower back while lifting a lady from her bed. There were no records from 1998 through 2005. On January 11, 2006, Dr. Lawrence Lenderman, M.D., planned an interdisciplinary pain management program. His diagnoses were postlaminectomy syndrome and segmental instability at L4-L5. A psychological evaluation was done in which the following information was noted: *Following the injury, the patient was diagnosed with herniation at L4-L5. She underwent x-rays and magnetic resonance imaging (MRI). She had also undergone a few sessions of physical therapy (PT). She subsequently underwent back surgery in 1999.* The patient was taking Darvocet, Lyrica, Prevacid, and Mobic. She rated her back pain at 8/10. The patient was diagnosed with psychalgia and major depressive affective disorder. A chronic pain management program (CPMP) x10 sessions on a daily basis and individual counseling of four sessions on a weekly basis was recommended.

In a physical performance evaluation (PPE), a history of a right rotator cuff surgery in 2003 was noted. The patient was unable to perform certain tests and showed deficits in range of motion (ROM) and strength. An interdisciplinary CPMP was recommended in the test. Ronald Davis, D.O., evaluated the patient for low back pain. He examined the initial magnetic resonance imaging (MRI) and noted the disc displacement at L4-L5 to be the reason for a laminectomy at that level. On examination, there was tenderness at from L4 through S1. There was tenderness at the supraspinatus region of the shoulder. There was some weakness in the lumbar paraspinals and in the left lower extremity. Dr. Davis noted that the patient had received PT with no resolution and had been in a work conditioning program (WCP) for only a few days. The patient had been pulled out from the WCP due to increasing pain. He diagnosed postlaminectomy syndrome and segmental instability at L4-L5; chronic pain syndrome; and depression. He prescribed Paxil and continued other medications. He recommended a behavioral pain management program due to multifaceted symptoms. A request for 10 sessions of behavioral CPMP was denied on March 1, 2006, for the following reasons: There was no evidence that the patient had received any training in behavioral pain management techniques and hence it was reasonable for the patient to receive instruction in behavioral pain management methods prior to being considered for a CPMP. On March 17, 2006, a reconsideration of

the request of CPMP was denied for the following reasons: No cognitive behavioral/didactic training to lower her pain or its psychological impact had been done and normally such training would be offered prior to entering a multidisciplinary CPMP.

Disputed Services:

Chronic behavioral pain management program x10 sessions.

Explanation of Findings:

Patient with findings of chronic pain who has had various treatments. Each treatment (ie medications, rehab, surgery) appears to have internal validation but across dimension of time, each treatment appears to have failed to produce the desired or intended effect on a long term basis, and presents an inconsistent scenario. Of note is that the patient expresses a desire to work without corresponding evaluation from the providers; and the providers express an overdependence of medications without a corresponding expression of awareness from the patient. Additionally, the use of healthcare services appears to be static.

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

Uphold denial

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

National Clearinghouse entry criteria (one of possible); NASS criteria (one of possible); "Multidisciplinary approach to chronic back pain prognostic elements"; Elkayam – Clin Exp Rheum 1996 May-Jun14(3): 281-8; "Multidisc Rehab Chronic LBP; Guzman J, Esmail R; BMJ 2001 June23: 322(7301) 1571-6

The physician providing this review is a Medical Doctor. The reviewer is national board certified in Physical Medicine Rehabilitation as well as pain medicine. The reviewer is a member of International Spine Intervention Society. The reviewer has been in active practice for Eight 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.