

MATUTECH, INC.

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

June 2, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1228-01
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 Stone Loughlin & Swanson, L.L.P., and South Texas Chronic Pain Institute. The Independent review was performed by a physician qualified to determine disputes regarding Chronic 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 Stone Loughlin & Swanson, L.L.P.:

Utilization reviews (03/27/06 & 03/31/06)
Attorney report (05/09/06)

Information provided by South Texas Chronic Pain Institute:

Office notes (08/24/05 - 05/04//06)

Clinical History:

This is a 59-year-old female who attempted to drop a box quickly on the transfer palate to prevent the chamber shutter from closing. The box hit her on the left arm and left wrist.

There are no medical records available from 1998 through 2005. However, multiple summaries of this period are available and represent information provided by the treating doctor as well as the carrier specialist. On August 24, 2005, Gary Pulley, PA-C, noted complaints of continued pain to the neck radiating to the left upper extremity as well as pain to the left shoulder. The assessment was anxiety, stress, and depression; left shoulder tendonitis; cervical and thoracic strain/sprain; left elbow and left wrist chronic pain; gastritis/esophagitis; and left wrist carpal tunnel syndrome (CTS). Mr. Pulley refereed her to chronic pain program and prescribed Relafen and Aspercream.

In 2006, Elisa Garza-Sanchez, M.D., performed a psychological evaluation. Following treatment history was obtained from her report: 1998-2006: Following the injury, the patient had severe discomfort with range of motion (ROM) of the left wrist. There was tenderness and joint effusion surrounding the extensor carpi radialis brevis (ECRB) dorsal compartment and extensor bundle. The patient received physical therapy (PT). On January 12, 1999, Bill Snyder, M.D., performed first dorsal compartment release at the left wrist. Although the patient attended therapy, Dr. Snyder noted soreness at the left elbow and neck area. Shoulder x-rays revealed a hooked acromion that was frequently injuring the supraspinatus tendon. A concern for triangular fibrocartilage complex (TFCC) tear was raised by Dr. Snyder. A month of conservative treatment for the shoulder was of no benefit. On October 6, 1999, arthroscopic subacromial decompression, limited debridement of partial supraspinatus tendon tear, and extensive debridement of distal clavicle was performed. After a PT program, a work hardening program (WHP) was initiated in 2000. However, there was a flare-up of her left CTS with WHP. There was decreased sensation in the median nerve distribution with Tinel's at the wrist. The patient continued to receive care in the form of medication management between 2000 and 2005. Despite these conservative measures, she continued to have neck and left shoulder pain radiating to her entire hand. Celebrex, Ultracet, Thera-Gesic cream, and Zanaflex were prescribed. Her plan of care in 2006 was continuation of

treatment for chronic pain with pain medications and continuation of home exercises, hot packs, and electrical muscle stimulator (EMS). The patient had completed eight sessions of psychotherapy. She had also been started on Effexor XR. Dr. Garza-Sanchez diagnosed major depressive disorder and pain disorder. She recommended participation in 10 sessions of multidisciplinary chronic pain management (CPMP).

On March 27, 2006, a request for additional 10 sessions of pain management program was denied by the carrier for the following reasons: Per recent peer review, many of her complaints were not related to the original injury which had resolved in 1999. A full pain program was denied in February 2006, in part, because she was too severely depressed and had received no individual psychotherapy or behavioral pain management till then. She recently had completed eight sessions of such treatment as well as medication management by a psychiatrist. There was significant improvement in her pain, mood, and coping with physical complaints. The goals could have been met at this level of care. Alton Perry, M.D., stated that the patient was under his care since October 2003 and had been treated conservatively over the past six years. Due to its failure, he strongly recommended her participation in CPMP. On March 31, 2006, Andrew Brylowski, M.D., denied the reconsideration request for CPMP for the following reason: The patient had had significant improvement with conservative treatment, specifically psychotherapy and medication management. The patient's psychological testing was consistent with a personality disorder and other findings that were typically considered in poor prognosis indicators for interdisciplinary treatment. Also the evidence-based guidelines do not support the efficacy of interdisciplinary treatment programs in cases of upper extremity injuries. On May 4, 2006, Mr. Gulley injected the left shoulder rotator cuff with a steroid. He asked the patient to continue home exercises, hot packs, pain medications, and home massage.

On May 9, 2006, Erin Hacker Stanley, a carrier retained attorney, concluded the following: The goals laid out by the proposed program had been shown to be successfully met at a less intensive level of care than the proposed 8-hour per day, five-day-per-week program. Hence, preauthorization should not be granted.

Disputed Services:

10 sessions of outpatient multidisciplinary chronic pain management program (CPMP), five times per week for two weeks. (97799).

Explanation of Findings:

Patient with multiple somatic complaints and chronic pain. Patient has been evaluated by a psychiatrist and has had apparent success from a behavioral program. Request appears to extend the treatment to include additional physical treatments in addition to behavioral treatments.

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

Conclusion / Decision to Overturn denial and Approve a 10 day trial of Chronic Pain Management Program.

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

Patient meets at least 3 criteria for pain management program with NASS; Patient meets at least 3 criteria as defined by national clearinghouse guidelines. Patient is eligible for all potential benefits indicated in Occupational Practice Guidelines, 2004. ODG guidelines were also reviewed for relevance to behavioral component.

The physician providing this review is a Medical Doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member of the International Spinal Intervention Society. The reviewer has been in active practice for 7 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.