

# **MATUTECH, INC.**

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

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June 9, 2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-1345-01  
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 Life Care Chiro, Ward North America, L.P. and James Flowers, M.A., LPC/Cameron Jackson, D.C. 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 Life Care Chiro:

Therapy notes (2/23/2004 – 3/13/2006)  
Procedure notes (9/14/2004)  
Radiodiagnostic studies (3/9/2004 – 5/6/2004)  
Medical reviews (9/17/2005)

#### Information provided by Ward North America, L.P.:

Medical records review (6/11/2004 – 9/17/2005)  
Radiodiagnostics (5/27/2004 – 9/15/2004)  
Clinic/therapy notes (2/23/2004 – 3/17/2006)  
Procedure notes (5/27/2004 – 9/14/2004)

#### Information provided by James Flowers, M.A., L.P.C./Cameron Jackson, D.C.:

Letter of medical necessity (undated)  
Office visits (2/2/2006 – 3/13/2006)

### **Clinical History:**

This is a 57-year old female who slipped on a wet patch and fell on her buttocks and back. Following the injury, the patient was examined by Cary Deiter, D.C., for pain in the buttocks and lower back. The patient presented with a guarded gait and had constant pain. Lumbar range of motion (ROM) was diminished. Examination was positive for straight leg raising (SLR), Yeoman's, and sacroiliac fixation (SI) tests bilaterally. Gaenslen's test was positive on the right. She was on Ibuprofen. Dr. Deiter diagnosed lumbosacral and sacroiliac (SI) sprain/strain. From February 2004 through August 2004, 52 sessions of chiropractic therapy were done consisting of neuromuscular re-education, manipulation, ice/hot moist packs, electrical muscle stimulation, ultrasound, therapeutic massage, manual therapy, and therapeutic exercises. A lumbar ROM testing was carried out by Dr. Dieter. Magnetic resonance imaging (MRI) of the lumbar spine revealed first degree degenerative spondylolisthesis at L4-L5 with a central disc herniation, protrusion, severe central canal stenosis due to facet arthropathy, and congenital canal stenosis. An MRI of the sacrum revealed bone marrow edema and contusion involving the S3 and S4 levels consistent with microtrabecular fractures. Robert Urrea, M.D. performed lumbar epidural steroid injection (ESI) on three occasions and bilateral lumbar facet blocks on two occasions. Dr. Dieter recommended continued use of a neuromuscular electrical stimulator (NMES). A nerve conduction velocity (NCV) and evoked potential study was unremarkable. There was possible lower extremity motor neuropathy. The patient was evaluated at the La Cienega Behavioral Pain Management Center and an interdisciplinary work hardening program (WHP) was recommended.

In a peer review, Roger Canard, D.C., rendered the following opinions: (1) The ongoing treatment was not reasonable or necessary. (2) The current complaints and symptomatology were from pre-existing conditions, mainly the spondylolisthesis as well as the congenital spinal stenosis. (3) There was no indication or medical necessity for continuing chiropractic care or medical treatment. (4) Home exercises alone would be acceptable. (5) Work hardening, work conditioning, and pain management were not reasonable or necessary. Over-the-counter (OTC) drugs would be acceptable in lieu of prescription medications, especially narcotics. (6) No further diagnostics were deemed necessary. On September 14, 2004, Dr. Urrea performed laminectomy and posterior fusion at L4-L5. A thoracolumbar sacral orthosis (TLSO) brace was given. A lumbar ROM study followed.

In 2005, the patient continued to receive chiropractic treatment. From January through April the patient attended multiple sessions consisting of spinal manipulation, therapeutic exercises, and a WHP. T.G. Easter, M.D., took the patient off tramadol and Lortab and prescribed Novasol. In another peer review, J. Fuller, D.C., rendered the following opinions: (1) Postop rehab appeared reasonable and necessary. (2) The patient suffered an aggravation of a pre-existing congenital spine defect and degenerative spinal condition, indirectly related to the congenital spine defect. (3) Postop rehab beyond January, 20, 2005, would not be reasonable or necessary. (4) Manipulation was contradicted following the lumbar fusion. (5) WHP would depend upon the outcome of a functional capacity evaluation (FCE). (6) A gym membership would be extremely beneficial. (7) Durable medical equipment (DMEs) in the form of ice pack, T band, McKenzie lumbar roll and gym-ball for home use would be very beneficial for the patient. (8) Additional diagnostics in the form of x-rays to check the post-fusion status would be reasonable and necessary. Additional diagnostics would not be reasonable or necessary. (9) A transcutaneous electrical nerve stimulator (TENS) unit should be time limited. It would not provide any lasting meaningful benefit in the long run and was therefore not reasonable or necessary. (10) Aquatic therapy would not be reasonable or necessary or related to the injury.

Dr. Urrea continued her on Neurontin. David Willhoite, M.D., assessed clinical maximum medical improvement (MMI) as of April 25, 2005, and assigned 5% whole person impairment (WPI) rating. Dr. Easter refilled Novasol. Joe Garza, D.C., treated the patient with spinal manipulation. In August 2005, Dr. Garza requested 15 sessions of a chronic pain management program (CPMP). The request was denied. Sergio Ortiz, D.C., continued the manipulation therapy. The patient also attended four sessions of individual counseling. Per psychosocial evaluation, the patient was directed to a CPMP to alleviate her depression and anxiety. Dr. Ortiz requested reconsideration of the 15 CPMP visits, which was again denied. In a peer review, William Waters, M.D., rendered the following opinions: (1) The patient had been over-treated with conservative care, both before and after the surgery. (2) The patient was unmotivated and in chronic pain. (3) She was on gabapentin and cyclobenzaprine, which were medically necessary and necessary. (4) The four behavioral therapy sessions were not reasonable, necessary, or related to the injury. (5) The patient needed to be on a self-motivated program of exercises. Continuation of medications was useful and attempts should be made to return her to a sedentary work level. Booker Rogers, M.D., a pain management physician, prescribed Skelaxin, Naprosyn, and ketoprofen ointment with menthol. A functional

capacity evaluation (FCE) rated the patient's ability to perform at a sedentary physical demand level (PDL). She was unable to meet her job PDL. She was felt to be a good candidate for CPMP.

On January 5, 2006, a CPMP evaluation was carried out at Healthtrust. It was inferred that the patient had moderate-to-severe pain that was creating a great deal of interference in her life. 30 sessions of CPMP were recommended. Dr. Sergio continued to treat with manipulations once a week for two weeks. In March 2006, Dr. Urrea noted chronic low back pain, exacerbated easily by increased activity. Her lower extremity radicular symptoms continued to be present. The lumbar spine had a guarded ROM secondary to pain. Dr. Urrea prescribed Ultracet, Elavil, and Neurontin. In April, Dr. Sergio made two more requests for 30 sessions of CPMP. However, on May 1, 2006, these were non-authorized. On May 11, 2006, Dr. Urrea placed a request for lumbar facet blocks. The request was "negotiated".

**Disputed Services:**

Chronic pain management program x 30 sessions

**Explanation of Findings:**

Based on the records available, patient appears to have demonstrated very little measurable progress with rehabilitation or with other treatments. Patient has already undergone multiple types of treatment separately prior to the combined multidisciplinary program being requested

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

Uphold decision to DENY CHRONIC PAIN MANAGEMENT PROGRAM

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

National clearinghouse Guidelines, patient meets only one of all possible applicable criteria; North American Spine Society Phase III Clinical Guidelines for multidisciplinary spine specialists, patient meets only one of all possible applicable criteria; OCG guidelines; Cochrane Review Database

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The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. 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.