

MATUTECH, INC.

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

July 17, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1589-01
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 St. Paul Travelers, Daniel Shalev, M.D., and Southwestern Pain Institute, P.A. 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 St. Paul Travelers:

Denial letter (06/15/2006)

Information provided by Daniel Shalev, M.D.:

Clinic notes (01/31/2005 – 05/21/2006)

Information provided by Southwestern Pain Institute, P.A.:

Office notes (02/13/2001-10/22/2003)

Procedure note (03/07/2001)

Clinical History:

This is a 49-year-old patient who when working on an assembly line started experiencing pain, numbness, tingling, and weakness in the upper extremities. There are no records available for 1999 and 2000.

In February 2001, Daniel Shalev, M.D., a pain management physician, evaluated the patient for chronic bilateral upper extremity pain, numbness, and weakness; and pain across the lumbosacral area. The treatment history was obtained as follows: The patient had a history of bilateral carpal tunnel syndrome (CTS), and had carpal tunnel release (CTR) on both the sides in 1994 or 1995 with mixed results. Her pain was aggravated in October 1999. The patient was prescribed physical therapy (PT) and was treated with wrist braces and nonsteroidal anti-inflammatory drugs (NSAIDs) without much benefit. Electrodiagnostic studies demonstrated recurrent CTS, pronator syndrome, and cubital tunnel syndrome, all bilateral. On February 17, 2000, the patient underwent median and ulnar neuroplasties and synovectomy at the wrist; median nerve neuroplasty at the pronator area; and ulnar neuroplasty at the elbow, all on the right side. The patient went into a work rehabilitation program. She was treated with Vioxx, Neurontin, and Elavil. A right stellate ganglion block was performed for the possible complex regional pain syndrome type I (reflex sympathetic dystrophy). In March, Dr. Shalev performed the right stellate ganglion block at the C7 level. A trial of SCS was recommended by Dr. Shavel.

The patient continued to have significant pain in both upper extremities and was using a galvanic stimulator over her wrist and hands. In May 2003, Dr. Shalev noted that the patient had undergone an arthroscopic surgery on her right knee. Towards the later half of 2003, the patient perceived her left wrist pain to be worsening and graded the pain at 9/10. Dr. Shalev continued to treat with Zonegran and Ultracet and felt that the patient's pain appeared neuropathic in nature.

In January 2005, Dr. Shalev reported the following treatment summary: The patient was last seen in October 2003. At that time she had received a series of stellate ganglion blocks, which had not provided significant long term relief. She was managed with Zonegran and Ultracet. A psychological evaluation was carried out and she was not found to be an appropriate candidate for the SCS procedure due to depression. She had been through a multidisciplinary pain management program. A clearance for the trial of SCS was recently given by her psychologist. Per Dr. Shalev, the patient had sensitivity to all medications, even at the low doses; and hence he recommended non-medical treatment with the SCS trial.

The patient continued to follow-up with Dr. Shalev for persistent severe pain in both the upper extremities. The pain was associated with numbness, tingling, burning, and weakness in both upper extremities. The patient was depressed and had insomnia. Dr. Shalev started the patient on Cymbalta which was later changed to Lyrica. In April, per behavioral health evaluation, the patient was good candidate for a trial of SCS. It was also felt that the patient would benefit from individual psychotherapy to address her emotional and social distress. Dr. Shalev noted that a required medical evaluation (RME) had been performed by Dr. Thomas Diliberti. Dr. Diliberti had opined that the clinical presentation did not fully support the diagnosis of complex regional pain syndrome type II (CRPS); however, the patient seemed to have typical neuropathic pain.

On May 2, 2006, and May 21, 2006, a request for trial SCS was denied for the following reason: Adequate supporting medical documentation showing the test or procedure was not appropriately submitted. The multiple risk factors included repeat course of chronic pain management program (CPMP), with recurrence of symptoms and complaints, the unstable psychosocial issues, and ill described neuropathic pain complaints.

In response, Dr. Shalev stated that the request for the SCS was for neuropathic pain arising as a complication of surgery. He cited positive Tinel's sign over the peripheral nerves of the upper extremities as evidence of a generalized neuropathic process. Once again, on June 15, 2006, a request for two lead SCS trial was denied for the aforementioned rationale.

Disputed Services:

Two leads for trial spinal cord stimulator and programming.

Explanation of Findings:

Patient has chronic neuropathic pain related to the compensable treatment and has failed appropriate treatment including anticonvulsants.

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

Overturn. Based on documentation of chronic neuropathic pain with failure of conservative treatment, would agree that a SCS trial is reasonable and necessary and appropriate.

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

Bonica Textbook of Pain Management. Raj Essentials of Pain Management

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.