MATUTECH, INC.

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July 25, 2006

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

Re: Medical Dispute Resolution

MDR Tracking #:	M2-06-1597-01
DWC#:	___
Injured Employee:	___
DOI:	___
IRO#:	IRO5317

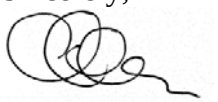
Dear Ms. Farless:

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 Fidelity and Guaranty Insurance Company and Cotton Merritt, 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 orthopedics 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 Cotton Merritt, D.C.:

Office visits (06/23/2005 – 03/30/2006)
Electrodiagnostic (05/16/2005 – 01/25/2006)
Radiodiagnostics (05/19/2005)
Designated doctor evaluation (04/07/2006)
Functional capacity evaluation (04/07/2006)

Clinical History:

This is a 43-year-old female who began experiencing neck and upper back pain. She attributed it to her occupation as a bus driver, which required driving for over 13 hours with constant jarring of her neck.

In May 2005, an electromyography/nerve conduction velocity (EMG/NCV) study indicated a left C7 radiculopathy. Magnetic resonance imaging (MRI) of the cervical spine revealed (a) a broad-based 1.2-mm disc protrusion at C4-C5 slightly compressing the thecal sac; (b) a 1.2-mm central disc protrusion at C5-C6 without cord compression; and (c) straightening of the cervical curvature throughout the cervical spine. Cotton Merritt, D.C., examined the patient for pain with radicular symptoms to the left upper extremity. The patient had been previously treated with medications and physical therapy (PT). Dr. Merritt diagnosed cervical intervertebral disc disorder and vertebrogenic headaches. Dr. Merritt treated the patient with cervical manipulation and myofascial release. Therabands were provided for use at home. Albert Telfeian, M.D., recommended pain management. Winston Whitt, M.D., prescribed hydrocodone and Soma.

In January 2006, Cheryl Weber, M.D., performed an electromyography/nerve conduction velocity (EMG/NCV) study. The studies suggested a moderate left ulnar neuropathy at the elbow. Steven Goldstein, M.D., suspected cerebellar syndrome and recommended magnetic resonance imaging (MRI) of the brain. On April 5, 2006, Robert LeGrand, Jr., M.D., a neurosurgeon, noted that MRI was normal. He recommended a cervical myelogram and computerized tomography (CT). In a designated doctor evaluation (DDE), John Kirkwood, D.O., noted that the patient was on clonazepam, Soma, Naprosyn, and Vicodin. He assessed overuse syndrome suggestive of a left C7 radiculopathy. A functional capacity evaluation (FCE) indicated that the patient functioned at a light physical demand level (PDL). Dr. Kirkwood advised further evaluation with a neurologist/neurosurgeon.

On April 11, 2006, a request for the cervical myelogram and CT was denied. The rationale provided was that the medical necessity of the plan/proposed services was not

supported by the medical information made available. Dr. LeGrand appealed against the adverse decision, but was denied again on May 10, 2006, for the same reason as above.

Disputed Services:

CT and myelogram of the cervical spine

Explanation of Findings:

This is a forty-two year old female complaining of cervical pain after driving a bus; no specific injury reported. Two sets of EMGs have been done, one compatible with a left C7 radiculopathy. Physical findings include atrophy of left humeral eminence, but no loss of sensation or motor function. MRI scan shows small disc protrusions at C4-5 and C5-6 with no neural impingement. She continues to complain of cervical pain radiating to her shoulders and arms more severe on the left, unable to return back to work. Neurosurgical evaluation was recommended with CT myelogram of the cervical spine for further evaluation. There is no clear indication that this patient's complaints are related to a compensable injury.

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

Decision is to uphold the denial.

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

With the MRI scan being essentially normal and with the claimant's inconsistent physical and electrodiagnostic findings, there is no indication for a CT myelogram of the cervical spine. Myelograms are primarily used for preoperative planning in conjunction with an MRI scan. There is no documentation that this patient needs preoperative planning for a cervical surgery. As previously mentioned it is inconclusive whether this patient's current symptoms are related to a compensable injury or an ordinary disease of life.

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of American Academy of Orthopedic Surgeons. The reviewer has been in active practice for twenty 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.