

MATUTECH, INC.

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

September 28, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1845-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

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 Burdin/Lampert/Hirsh/Churchill. 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 psychology, 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 Neuromuscular Institute of Texas:

Office notes (05/10/06 – 08/07/06)
Radiodiagnostic study (05/30/06)

Information provided by Specialty Risk Services:

Office notes (06/06/06 – 07/20/06)

Clinical History:

This is a 40-year-old patient who experienced a significant jolt while driving his vehicle with onset of low back pain. There are no medical records from 2003 through 2005.

On May 10, 2006, Brad Burdin, D.C., evaluated the patient. Dr. Burdin noted the following: *In ____, the patient had sustained an injury to his lower back and subsequently underwent a surgery. Magnetic resonance imaging (MRI) following the ____ injury revealed a large disc herniation at L4-L5 on the right. The patient was status post lumbar epidural steroid injection (ESI) by Dimitri Buyonav, M.D., in 2006. In April 2006, Bruce Alter, M.D., had opined that the patient was not at maximum medical improvement (MMI). He recommended surgery on an emergency basis.* Examination findings were: Decreased perception of pinwheel in the medial right leg and left lateral leg; weakness of the right foot dorsiflexion and right great toe; tenderness over the upper lumbar spine; and positive supine straight leg raise (SLR) test bilaterally. Dr. Burdin recommended a series of two lumbar ESIs. He also recommended mental health evaluation and counseling; and electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities. Ultram was prescribed.

NCV study revealed a possible right-sided L5 motor radiculopathy and S1 sensory radiculopathy. In a mental health evaluation, the patient was diagnosed with pain disorder, severe reading disorder (dyslexia), and severe disorder of written expression. A pain management program was recommended. Morris Lampert, M.D., neurologist, noted the patient was on Methadone. He continued Methadone, and added Nortriptyline and Neurontin. Dr. Burdin assessed statutory MMI as of July 7, 2006, and assigned 10% whole person impairment (WPI) rating. 10 sessions of counseling and hypnotherapy were denied by the carrier, the rational being: *The clinical indication and necessity of these procedures could not be established. There was nothing that psychotherapy could do to assist in managing the foot-drop. There was no evidence of a primary behavioral or psychological disorder providing an indication for the requested hypnotherapy.* On July 21, 2006, Jerjis Denno, M.D., noted weakness in the right extensor hallucis longus (EHL) and right evertor of the left foot. Sensations were decreased along the right dorsum of the foot and big toe. Dr. Denno diagnosed herniated nucleus pulposus (HNP)

at L4-L5 and right L5 radiculopathy. He recommended microscopic decompression discectomy at L4-L5.

Disputed Services:

10 sessions of counseling/hypnotherapy (90806)

Explanation of Findings:

Individual psychotherapy is an ineffective treatment for a chronic pain disorder. The emotional reactions described are directly related to the physical consequences of the injury. The injured worker continues to be evaluated for surgery and other primary interventions making him inappropriate for a chronic pain management program. In addition his limited intellectual capacity and language learning disabilities, as noted in the psychological evaluation, would limit his ability to use a “talking therapy”. There is no evidence that the requested services have any potential effectiveness in treating this individual’s problems.

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

The denial should be upheld.

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

ACOEM Guidelines, 2004, Chapt. 6.

The review is provided by a Psychologist experienced in the evaluation and treatment of chronic pain patients. The reviewer is a member of the American Psychological Association. The reviewer has been in active practice for 28 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.