

MATUTECH, INC.

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October 2, 2006

Texas Department of Insurance
Division of Worker's Compensation
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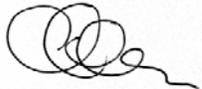
Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1890-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

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 Liberty Mutual, United Neurology, and Lubor Jarolimek, M.D. 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 Liberty Mutual:

Office notes (07/11/06 – 07/31/06)
Radiodiagnostic studies (04/13/06 – 04/19/06)

Information provided by United Neurology:

Office notes (03/30/06 – 08/24/06)
Radiodiagnostics studies (03/10/04, 06/21/04, and 04/19/06)
Electrodiagnostics studies (05/20/04 and 04/13/06)

Information provided by Lubor Jarolimek, M.D.:

Office notes (08/23/04 – 07/05/06)

Clinical History:

This 45-year-old male was injured at work while moving a cabinet. He sustained an injury to his right shoulder.

Magnetic resonance imaging (MRI) of the lumbar spine revealed a broad posterior annular disc bulge at L2-L3 and L3-L4 pressing against the anterior thecal sac; and a broad based posterior disc protrusion/herniation L4-L5 and L5-S1, pressing against the anterior thecal sac with associated minimal posterior marginal osteophyte formation. Plain films of the lumbar spine were unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) study revealed left S1 radiculopathy. MRI of the right shoulder revealed significant tendinosis of the distal supraspinatus tendon with moderate tendinosis of the distal infraspinatus tendon; and focal signal abnormality within the superior glenoid labrum suspicious for a type III superior labrum anterior to posterior type tear. On October 8, 2004, Lubor Jarolimek, M.D., performed right shoulder rotator cuff repair, subacromial decompression, and superior labrum anterior posterior (SLAP) reconstruction.

In 2005, Dr. Jarolimek noted right shoulder pain with motion and worse with therapy. He diagnosed adhesive capsulitis. On April 25, 2005, Dr. Jarolimek performed manipulation under anesthesia (MUA) of the right shoulder. The patient attended a work hardening program (WHP) and improved through 2005.

In 2006, Dr. Jarolimek noted some soreness and stiffness in the right shoulder. X-rays did not show any sign of loosening. He recommended active rehabilitation. M. Athari M.D., neurologist, evaluated the patient for back pain radiating to the lower extremities, mainly on the right. The patient also had some sexual dysfunction. Dr. Athari diagnosed lumbar radiculopathy. He prescribed Neurontin, Soma, Pamelor, and Levitra; and

recommended continuation of chiropractic care. From March through August, the patient was treated by W. E. Whigham, D.C. EMG/NCV study revealed left L5 radiculopathy. MRI of the lumbar spine revealed moderately severe to severe left-sided neuroforaminal encroachment at L3-L4 with 5-mm far left lateral disc protrusion/herniation with compression of the exiting L3 dorsal root ganglion; and moderate neuroforaminal encroachment at L4-L5 and L5-S1 related to lateralizing disc material touching the undersurface of the exiting dorsal root ganglion. Dr. Athari recommended conservative care, epidural steroid injections (ESI), and computerized tomography (CT) and myelogram of the lumbar spine. He prescribed Soma, hydrocodone/APAP, Celebrex, Levitra, and a thoracolumbosacral orthotic brace (TLSO). He administered injections of Robaxin, B-12, and Depo-Medrol to the lower back. Dr. Jarolimek noted continued right shoulder discomfort and recommended active rehabilitation and passive stretching. *The TLSO brace was denied since it was stated that the brace would not provide any long-term relief. A reconsideration request for the same was also denied stating that it would not be used as a part of functional rehabilitation program and its use was not supported as medically necessary to treat the chronic pain.* In August, Dr. Athari noted no change in the low back pain level. There was mild tenderness and spasms in the paravertebral region. He administered injections of Robaxin, B12, and Depo-Medrol. Zoloft, Requip, Robaxin, Soma, hydrocodone, and Levitra were prescribed.

Disputed Services:

TLSO back brace

Explanation of Findings:

45 year old involved in a motor vehicle accident in ____ complained of lower back pain. MRI scan showed disc bulging at L2-3, L3-4 and disc herniation at L4-5 and L5-S1. The patient also had surgical treatment of the right shoulder. Electrodiagnostic studies have shown a left L5 radiculopathy. Recent repeat MRI scan showed neuroforaminal encroachment at L3-4 with a disc protrusion and moderate neuroforaminal encroachment at L4-5 and L5-S1. The patient was treated with active therapy. No flexion/extension views have been taken of the lumbar spine to demonstrate spinal instability.

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:

Bracing is usually to support injuries and fractures to the spine and/or post operative care after spine fusion. TSLO braces are generally used for scoliosis. The patient has none of these conditions. There is no documentation of spinal instability by radiographs or by orthopedic spine specialist. Brace used over two years after the injury would most likely cause deconditioning of the spinal musculature and further exacerbates this patient's problems. In my opinion, bracing at this point would be contraindicated.

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of the American Academy of Orthopedic Surgeons. The reviewer has been in active practice for 20 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.