MATUTECH, INC.

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September 28, 2006

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

Re: Medical Dispute Resolution

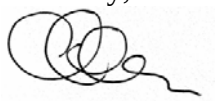
MDR Tracking #:	M2-06-1898-01
DWC#:	___
Injured Employee:	___
DOI:	___
IRO#:	IRO5317

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 Jonathan Walker, M.D., Craig Chambers, M.D., and Flahive, Ogden, & Latson. 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 Jonathan Walker, M.D.:

Electrodiagnostic study (06/06/06)

Information provided by Craig Chambers, M.D.:

Office Notes (03/16/06 – 08/23/06)
Electrodiagnostic study (06/06/06)
Radiodiagnostic studies (03/28/06)
Operative Notes (03/16/06 - 05/19/06)

Information provided by Flahive, Ogden, & Latson:

Preauthorization requests (06/28/06 – 07/26/06)

Clinical History:

This is a 49-year-old man who lost his balance and fell off about a 5-feet high trailer. He landed on his right heel, and sustained immediate pain in his heel and foot. Following the injury, Randall Mason, M.D., evaluated the patient at the emergency room (ER). Examination showed minimal tenderness over the left lower extremity. There was swelling on the lateral aspect of the right foot and swelling and tenderness over the calcaneus. X-rays of the right foot showed a comminuted fracture of the calcaneus with mild joint line depression at the posterior and medial facet of the calcaneus. There was a sheer component of the calcaneus fracture with mild displacement of the os calcis superiorly approximately 2 mm. Timothy Dixon, M.D., performed closed reduction of the right calcaneus fracture and applied a Bulky-Jones splint. X-rays of the lumbar and sacral spine were ordered. H. Lynn Rodgers, Jr., M.D., an orthopedic surgeon, noted that the patient had been diagnosed with a lumbar fracture at the ER. The patient was utilizing Vicodin and Zocor. Dr. Rodgers applied an air-cast pneumatic boot to the right foot. Computerized tomography (CT) of the calcaneus revealed acute, comminuted intraarticular calcaneal fracture. CT of the lumbar spine showed bilateral pars defect at L5 with mild anterolisthesis of L5 related to S1; mild multilevel spondylosis, most notable at L5-S1; lower level facet arthropathy; and degenerative changes in the left sacroiliac (SI) joint with subchondral sclerosis and bridging osteophytes.

Dr. Rodgers prescribed Drysol AAA for dyshidrotic eczema on bottom of the foot. Use of Jobst socks was recommended. Craig chambers, M.D., saw the patient for pain in the lower back, hip, and buttock, more on the right; and burning sensation and tightness in the thighs. FABERE Patrick's and straight leg raise (SLR) tests were positive on the right. Lumbar range of motion (ROM) was decreased. There was tenderness over the lower lumbar facet joints. Dr. Chambers assessed L5-S1 spondylolisthesis and provided

a lumbar support orthosis. Soma was prescribed. Dr. Chambers performed lumbar epidural steroid injections (ESI) x2 and a coccygeal injection. The first ESI gave 50-60% pain relief, and the second ESI gave approximately 80% pain relief. The pain and tightness in the right thigh persisted. Dr. Chambers diagnosed right greater trochanteric bursitis and recommended a bursal injection and a third ESI.

Dr. Rodgers suspected some tarsal tunnel compression of the posterior tibial nerve. Electromyography/nerve conduction velocity (EMG/NCV) studies of the right lower extremity showed probable trauma or entrapment of the peroneal nerve at the ankle. The patient attended physical therapy (PT) consisting of cold packs, electrical muscle stimulation (EMS), and therapeutic exercises. Dr. Rodgers recommended transition to arch support. On June 28, 2006, Howard Miller, M.D., denied the request for the third ESI for the following reason: The patient had undergone up to two recommended ESIs and it was appropriate to allow further time for healing. On July 26, 2006, Peter Garcia, M.D., denied the third ESI since he felt EMG/NCV studies did not show lumbosacral radiculopathy. Records reflected no evidence of a lumbar fracture.

On August 23, 2006, Dr. Chambers noted that the back pain was managed with OxyContin as needed. There was pain in the tailbone area, which increased with sitting on a hard surface. Examination showed a positive SLR test on the right and weakness in the right extensor hallucis longus (EHL). Sensations were decreased in the L5 distribution. There was tenderness at the right sciatic notch. Dr. Chambers assessed lumbar disc herniation and greater trochanteric bursitis on the right. He injected steroid into the right greater trochanteric bursa, and planned a third ESI.

Disputed Services:

Lumbar ESI #3

Explanation of Findings:

This is a 49-year-old who fell off a trailer and sustained a right calcaneal fracture and lower back pain. Radiographs showed evidence of a spondylolisthesis at L5-S1. The patient had been treated for a calcaneal fracture and lower back pain and no findings of radiculopathy. Electrodiagnostic studies were negative for radiculopathy. There were no indium studies to confirm a disc herniation. There is no documentation on the response to the second ESI.

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:

The diagnosis is lumbar spondylolisthesis. There are no objective imaging studies to confirm a disc herniation and no physical findings of a radiculopathy. Electrodiagnostic

tests were negative. Furthermore there was no documentation on the patient's response to the second ESI. Lumbar ESIs are not recommended for the treatment of spondylolisthesis.

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.