

MATUTECH, INC.

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October 25, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1991-01
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 Paul Pace, 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 physical medicine and rehabilitation 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 Paul Pace, M.D.:

Office notes (10/14/03 – 09/31/06)
Radiodiagnostic studies (04/07/05, 06/07/05)
Procedure notes (10/31/05, 05/03/04)
Electrodiagnostic studies (03/29/05)

Clinical History:

This is a 58-year-old female who complained of pain, swelling, and numbness about her wrists and hands, right more than left. She had worked for more than 10 years and her duties include a moderate amount of data entry and various other repetitive activities with her hands.

In October 2003, Paul Pace, M.D., noted positive Tinel's and Phalen's signs in both wrists. X-rays were normal. Dr. Pace diagnosed moderately advanced carpal tunnel syndrome (CTS). He also noted that the patient had a well documented cervical spine disease on magnetic resonance imaging (MRI). Electromyography (EMG) had pointed towards rather an advanced CTS. Dr. Pace injected the right carpal tunnel on two occasions. Dr. Pace suspected cervical radiculopathy. He also diagnosed scapholunate advanced collapse (SLAC) wrist arthritis. On May 3, 2004, Dr. Pace performed a right carpal tunnel release (CTR) and injected the trapeziometacarpal joint with steroid. The patient was started on physical therapy (PT). She did well, but had problems with flexor tenosynovitis causing triggering of her left hand. Ellen Duncan, M.D., diagnosed dysesthesias secondary to cervical disc disease. She administered a cervical epidural steroid injection (ESI). Dr. Pace injected the patient's left carpal tunnel with a steroid preparation and placed her in a volar cock-up splint.

In 2005, Ajeya Joshi, M.D., noted that an EMG study in 2003 had shown CTS bilaterally along with chronic right C5/C6 radiculopathy. A radiodiagnostic study had shown a C5-C6 and C6-C7 bulge. An EMG/nerve conduction velocity (NCV) study was indicative of bilateral carpal tunnel entrapment of the medial nerve. Cervical MRI revealed: (a) Cervical spondylosis at C5-C6 and C6-C7 resulting in mild canal stenosis, left greater than right, at both levels and mild right foraminal stenosis at C5-C6 and mild left foraminal stenosis at C6-C7; (b) mild anterolisthesis at C4-C5 associated with left foraminal narrowing; and (c) mild left C7-T1 neuroforaminal stenosis, but no evidence of canal stenosis. Dr. Pace injected the left carpal canal with steroid. The patient also had a right trigger thumb, which Dr. Pace injected with steroid. A bone scan showed multifocal abnormalities. On October 31, 2005, Dr. Pace performed a left CTR. A volar cock-up splint was applied. The patient was put on postop PT.

In March 2006, Dr. Pace noted evidence of triggering involving both thumbs. He injected the trigger thumbs with steroid. In May, a cervical MRI was requested, which

was denied. Apparently, the patient had been declared at maximum medical improvement (MMI) by another physician. This was disputed by Dr. Pace. A reconsideration request for a cervical MRI in July was denied on the grounds that *there was no documentation of history and physical examination relating to the cervical spine. There were no findings on history and physical examination to justify a repeat cervical MRI.* On September 13, 2006, Dr. Pace noted that triggering of the left thumb persisted. He scheduled an open left trigger thumb release on October 12, 2006.

Disputed Services:

Repeat MRI of the cervical spine (72141).

Explanation of Findings:

I have reviewed the medical records available and find no evidence of change in the patient's condition. It is well established that she has cervical spondylosis, cervical radiculopathy and canal stenosis as documented in the April 2005 cervical MRI. Without documented change in the condition, specifically neurologic, there is no indication for a repeat MRI.

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

I have reviewed the records and the appropriate Guidelines and it is my opinion to uphold the decision. Below is a direct quote from one of the Guidelines for repeat MRI.

Indications for Repeat MRI of the Lumbar Spine

Significant change in clinical finding (i.e., new or progressive neurological deficit)

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

National Guidelines Clearinghouse and Spine 2 Orthopedic Knowledge Update.
American Academy of Orthopedic Surgeons.

The physician providing this review is a physiatrist. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AAPMR and a Fellow of American Academy of Disability Evaluating Physicians. The reviewer has been in active practice for twenty-four 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, 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.