

MATUTECH, INC.

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

August 25, 2006

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

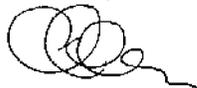
Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1758-01
DWC#: _____
Injured Employee: _____
DOI:
IRO#: IRO5317

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 Employers Claim Adjustment Services, Laurence Smith, D.C., and Bernie McCaskill, 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 chiropractic 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 Employers Claim Adjustment Services:

Office notes (3/20/06 – 4/21/06)
Radiodiagnostic study (4/10/06)
Preauthorization request (8/8/06)
Therapy note (5/2/06)

Information provided by Laurence Smith, D.C.:

Office notes (2/3/06 – 7/25/06)
Radiodiagnostic studies (2/3/06 – 4/10/06)
Therapy notes (2/7/06 – 5/2/06)

Information provided by Bernie McCaskill, M.D.:

Office notes (3/20/06 – 4/21/06)
Radiodiagnostic study (4/10/06)
Therapy note (5/2/06)

Clinical History:

This is a 48-year-old female who struck her left lower back against a stationary object while getting up from a bending position at her fitness center. On the following day, M. C. Desai, M.D., noted spasms and tenderness in the lumbar region on the left. X-rays showed L5 spina bifida occulta. Dr. Desai diagnosed contusion to the left mid and lower back, and lumbar strain. Prevacid, Napropack, and Flexeril were prescribed. From February through March, the patient attended five sessions of PT consisting of hot packs, electrical stimulation, ultrasound, and therapeutic exercises. Dr. Desai provided a moist heat pad.

Bernie McCaskill, M.D., an orthopedist, assessed spondylogenic thoracolumbar pain with chronic left lower extremity pain. Dr. McCaskill prescribed naproxen and methocarbamol. A vigorous active exercise program was recommended. Magnetic resonance imaging (MRI) revealed: L5-S1: disc desiccation with a broad-based posterior left central 3.5-mm disc protrusion, mild facet arthropathy, a small synovial cyst projecting posteriorly on the left; L3-L4 and L4-L5: disc desiccation, shallow annular bulges, and mild facet arthropathy.

Dr. McCaskill reviewed the MRI, which according to him demonstrated nonspecific degenerative changes only. He prescribed tramadol, Zantac, and Lunesta. From April through May, the patient attended seven additional sessions of active PT consisting of therapeutic exercises, manual therapy, and modalities as needed. Ms. Brown was instructed on a home exercise program (HEP).

Laurence Smith, D.C., noted tenderness from C3 through C7 and from L2 through L5. Maximum cervical compression and Bechterew's sitting tests were positive on the left. Straight leg raise (SLR) test was positive on the left. Dr. Smith recommended x-rays of the cervical spine and initiated chiropractic therapy to the cervical and lumbar spine. In May, the patient attended two sessions of therapy consisting of electrical stimulation, traction, joint mobilization, myofascial release, and chiropractic manipulative therapy (CMT). Dr. Smith placed a request for passive PT, three times a week for three weeks. This was denied since passive modalities were not warranted three months post-injury and the patient should be independent in an HEP following PT. Following this, Dr. Smith treated the patient with CMT to the cervical spine on one occasion. On May 23, 2006, a reconsideration request was denied. It was recommended that the patient contact Dr. McCaskill for treatment. Injury to the low back was accepted, but the injury to the cervical area was being disputed.

On July 25, 2006, Phillip Williams, Jr., M.D., a neurosurgeon, saw the patient for neck, left arm, low back, and left leg pain. The patient was on Robaxin, Flexeril, Lunesta, and ranitidine. Dr. Williams assessed cervical and lumbar spondylosis and degenerative disc disease (DDD), aggravated by the recent injury. He recommended electromyography (EMG) of the right upper extremity and bilateral lower extremities. He discussed possible cervical and lumbar myelogram and computerized tomography (CT).

On August 8, 2006, Dr. Smith placed a reconsideration request for passive therapy, three times in a week for three weeks.

Disputed Services:

Physical therapy, three times a week for three weeks, 2 units attend therapy, 1 unit of EMS, and manipulation of cervical and lumbar spine.

Explanation of Findings:

Based on the records provided, the extent of injury appeared to be limited to the lumbar spine. Anthropomorphic pain drawings specifically limited the injury to the left lumbar spine. The employee was provided passive modalities/physical therapy at PrimaCare from Raquel Lopez, PT for the duration of about 6 sessions. The claimant was evaluated by an orthopedist, Bernie McCaskill, and was NOT found to have any focal neurological deficits, muscular deficits, or significant structural pathology. Dr. McCaskill prescribed physical therapy yet the employee did not attend due to conflicts with her schedule. MRI of the lumbar spine on 04/10/2006 demonstrated degenerative disc disease consistent with the employee's age without evidence of acute material alteration. The employee specifically reported that physical therapy was not benefitting her on the 05/02/2006 physical therapy progress summary. On 05/12/2006, Dr. Hunter chiropractic advisor for CorVel denied the request from Dr. Smith for additional passive modalities. The compensable injury accepted by the carrier appears to be the lumbar spine only. On it appears that the appeal for the modalities was also denied by Ron Buczek, DO, DC and Dr. Smith was okay with the denial. It appears, Dr. Smith reported, that he was NOT okay with the denied treatment.

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

Uphold decision for denial of the requested treatment

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

The ODG allows up to 10 sessions of physical therapy. That appears to have been provided in this case with no improvement based on the documentation provided including the subjective complaints from the employee and the inability of the employee to progress functionally beyond modified work duties. Based on ACOEM guidelines, physical modalities have no proven efficacy to support treatment beyond the short term or about 4 weeks. In this case, a trial of chiropractic manipulation of the lumbar spine over 3 to 4 weeks might be reasonable with documentation of functional restoration. For patients with symptoms lasting longer than one month, manipulation is probably safe but its efficacy has not been proved. The Comprehensive Guide to Work Injury Management does not support passive physical modalities beyond a month. Craig Liebenson, DC states in his book, Rehabilitation of the Spine that the greatest errors in the treatment of lower back pain in this century has been the unquestioned usage of passive treatments. Passive therapies may engender higher levels of patient satisfaction, but they have not been demonstrated to improve outcomes related to recovery.

The physician providing this review is a doctor of chiropractic. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for over 22 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.