

# **MATUTECH, INC.**

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10/12/2006

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

Re: Medical Dispute Resolution  
MDR Tracking #: M2-07-0095-01  
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 Luther Bratcher, D.C., and Randall Rogers, D.O. 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 chiropractics 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 Luther Bratcher, D.C.:

Office notes (05/13/05 – 09/21/06)  
Therapy notes (05/18/05 – 06/29/06)  
Electrodiagnostics (09/19/05 and 02/28/06)  
Radiodiagnostics (06/17/05, 06/24/05, 01/18/06)  
Procedure notes (09/22/05)  
Pre-authorization determinations (02/22/06 – 08/24/06)

#### Information provided by Randall Rogers, D.O.:

Office notes (08/02/06)  
Laboratory reports (05/02/06 – 06/19/06)

### **Clinical History:**

This 32-year-old patient was involved in a motor vehicle accident (MVA). About 10 days following the injury, Douglas Wood, D.O., evaluated the patient. X-rays of the thoracic spine showed no acute abnormality. He diagnosed neck, thoracic, and lumbar sprain; cervical disc displacement/herniation; and headaches. Dr. Wood prescribed Naprosyn, Robaxin, and Lortab, and started the patient on physical therapy (PT). From May through mid-July, the patient attended 21 sessions of therapy. Magnetic resonance imaging (MRI) of the thoracic spine showed no significant abnormality. Magnetic resonance imaging (MRI) of the cervical spine showed: (a) Straightening of the lordosis; (b) posterior central annular tear and a 2-mm posterocentral protrusion at C4-C5; (c) a 3-mm focal posterocentral protrusion at C5-C6; (d) a 2-3 mm left posterocentral protrusion at C6-C7 contacting, but not indenting the thecal sac.

From July through September, the patient attended 24 sessions of therapy. A neuromuscular electrical stimulation (NMES) unit was prescribed. Ved Aggarwal, M.D., a pain specialist, prescribed Celebrex, Norco, Elavil, and Soma. Larry Kjeldgaard, D.O., assessed possible myofasciitis. An electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities indicated trauma or entrapment of the right median nerve at the wrist. Dr. Aggarwal administered an epidural steroid injection (ESI) at C7-T1. In a required medical examination (RME), Juan Capello, M.D., an orthopedic surgeon, opined that the patient's injuries had resolved and would require no further medical care. Gene Couturier, D.C., assessed clinical maximum medical improvement (MMI) as of November 3, 2005, and assigned 5% whole person impairment (WPI) rating.

In 2006, Aaron Calodney, M.D., a designated doctor, stated that the patient was not at MMI. Further investigations were recommended. MRI of the lumbar spine showed disc desiccation at L5-S1 with a small posterior and a left paracentral protrusion mildly effacing the anterior thecal sac. A functional capacity evaluation (FCE) demonstrated the

patient to function at a light physical demand level (PDL) not matching upto his job requirements. PT was started followed by a week of a work hardening program (WHP). EMG/NCV study of the lower extremities showed bilateral S1 radiculopathy. Due to the development of the left inguinal hernia, WHP was suspended. In an RME by Karl Erwin, M.D., the patient was found to not have reached MMI. Therapy was started in April and continued through a first week of June for a total of 28 sessions. Randall Rogers, D.O., placed the patient on Norco and Soma. FCE performed in June demonstrated the patient to function at a light-to-medium PDL. Therapy was continued for another three sessions. Dr. Rogers added Tylenol and Flexeril. On June 30, 2006, a request for additional PT citing the minimal progress obtained with earlier PT was denied.

In August, Luther Bratcher, D.C., and Dr. Rogers decided to start the patient on WHP. He continued to function at a light/medium PDL. On August 14, 2006, WHP was denied. The rationale provided was: *The patient was capable of a medium PDL, but did not have a job to return to. He had completed a week of WHP in February 2006. He should do just as well with a self-directed home exercise program (HEP).* Dr. Bratcher continued to render chiropractic treatment. On August 24, 2006, reconsideration for WHP was denied for the following reasons: *The patient was diagnosed with lumbar radiculopathy and had completed an extensive course of PT and five sessions of WHP. There was no indication of any generalized deconditioning or any systemic neuromusculoskeletal deficits. He did not have a job to return to.* Dr. Bratcher continued chiropractic treatment.

In September, Dr. Calodney in a repeat DDE, assessed clinical MMI as of September 12, 2006, and assigned 10% WPI rating. Through September, Dr. Bratcher continued to render chiropractic care.

**Disputed Services:**

Work hardening program, five times a week for four weeks

**Explanation of Findings:**

Based on the records reviewed, this is a 32 years old patient who was involved in a motor vehicle accident on \_\_\_\_\_. He was provided an extensive course of physical therapy, medications, chiropractic care, ESI, FCE, and Work Hardening program. MRI of Thoracic spine was negative, MRI of cervical spine was positive for minimum disc protrusion, EMG study of UE was positive for right carpal tunnel syndrome, MRI of Lumbar spine was positive for some Disc degeneration at L5/S1 with small disc protrusion, EMG study of LE was positive for bilateral S1 radiculopathy. Patient had a DD exam with final Impairment rating of 10% and MMI as of 9/12/2006. He has no job since the day of the accident.

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

Uphold decision to deny Work hardening program, five times a week for four weeks.

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

This patient has reached a clinical MMI as of 9/12/2006 with a final Impairment of 10% WP by DDE. The documentation provided demonstrated that the claimant had received an extensive course of physical therapy, ESI, Chiropractic care, medications, as well as WHP without remarkable changes. Since the patient doesn't have a job maybe he needs to contact TRW for a job retraining. According to ACOEM guidelines as well as medical literature reports, in this case the usual physical therapeutic trials as well as sessions of work hardening did NOT demonstrate progressive improvement of symptoms or return to work to support the request for additional sessions.

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The physician providing this review is a Chiropractor. The reviewer is national board certified by the national board of chiropractic examiners as well as the Academy of Chiropractic Neurology. The reviewer has been in active practice for 18 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

RE: \_\_\_\_  
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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.