

MATUTECH, INC.

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November 1, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0153-01
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 Utica National Insurance Group. 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 Utica National Insurance Group:

Office notes (02/28/06 – 08/25/06)
Therapy notes (03/01/06 – 06/02/06)
Radiodiagnostic studies (04/03/06 & 05/31/06)
FCE (06/27/06 & 08/22/06)
Utilization reviews (07/12/06, 08/03/06, & 08/16/06)

Clinical History:

This 24-year-old male fell from 4-feet high stilts hitting his left pelvis, thigh, and left shoulder against the ground and jerking his neck in the process. Pablo Espana, D.C., provided chiropractic care. X-rays showed: (a) Cupid's bow deformity at the inferior endplate of L5 vertebral body; (b) a joint effusion; (c) congenital sacralization of the transverse processes of L5; (e) complete loss of the upper half of the lumbar lordosis with mild loss of L5 disc interspace height; and (f) mild reversal of the cervical lordosis of the upper cervical spine. Dr. Espana diagnosed lumbar disc syndrome, left lumbar radiculopathy, cervicobrachial syndrome, severe reactive spinal myofascitis, and traumatic arthropathy involving the left leg and left shoulder. From March through June, the patient attended 35 sessions of chiropractic therapy consisting of electrical stimulation, ice packs, myofascial release, spinal adjustments, and therapeutic exercises. Magnetic resonance imaging (MRI) of the lumbar spine demonstrated a central 3-mm protrusion with probable annular tear at L4-L5. A cervical MRI demonstrated tiny, central subligamentous protrusions at C6-C7 and C7-T1; straightening of lordosis; and enlarged tonsillar pillars. A functional capacity evaluation (FCE) demonstrated the patient to function at a light physical demand level (PDL) while his job requirement was a medium/heavy PDL. A return to work program of at least two weeks was recommended.

A request for a six to eight week work conditioning program (WCP) was denied. The rationale provided was: *FCE had not yet been accomplished and WCP would not appear to be a medical necessity.* A psychological evaluation indicated that the patient was capable of psychologically enduring the rigors of a work hardening program (WHP). On August 3, 2006, a request for WHP for four to six weeks was denied. The rationale provided was: *Given the FCE results, the patient should be able to return to work and should continue with a self-directed home exercise program (HEP).* Dr. Espana appealed the decision. On August 16, 2006, WHP for four to six weeks was again denied. It was stated that: *The patient had had extensive PT and should be back at work at least at modified activities for a trial to establish tolerance. The examination findings did not indicate any red flags suggesting any serious other health conditions neurologically or pathologically. The ACOEM guidelines did indicate that once the patient has recovered, there should be progressive return to normal work and daily exercises to maximize work*

activity tolerance and reduce recurrence. This had been accomplished thoroughly as noted in the records, therefore, the request for four to six weeks of WHP was not medically necessary or supported.

On August 22, 2006, a repeat FCE demonstrated the patient to qualify at a medium PDL. In a required medical examination (RME) on August 25, 2006, Bernie McCaskill, M.D., assessed chronic spondylogenic lumbosacral pain. Following opinions were rendered: (1) The patient was, at the minimum, capable of returning to light active work, and there was no objective basis to say that he had additional physical limitations. (2) The patient had received all reasonable and appropriate treatment for his work related injury of February 2006, and there was no indication for additional supervised medical treatment.

Disputed Services:

A 4-6 week work hardening program.

Explanation of Findings:

Based on the records provided, the MRI study of lumbar spine was positive for minimum 3 mm protrusion at L4-L5 associated with some degenerative changes. MRI study of cervical spine was positive for some disc protrusion at C6-T1. He had 35 sessions of Chiropractic therapy based on FCE study; he was classified for light duty.

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 documentation provided demonstrated that the claimant had received an extensive course of physical therapy. This decision is made based on ACOEM and ODG treatment guidelines.

The physician providing this review is a DC, DACAN. The reviewer is national board certified in Chiropractic and Neurology as well as pain medicine. The reviewer is a member of American Chiropractic Academy of 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, 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.