

MATUTECH, INC.

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November 15, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0170-01
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 Allied Multicare Centers and Texas Mutual Insurance Company. 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 pain management 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 Allied Multicare Centers:

Clinic visits (09/06/05 – 09/25/06)
Chiropractic therapy/office visits (09/12/05 – 09/28/06)
Radiodiagnostics (09/03/05 – 06/28/06)
Designated doctor reviews (01/06/06 – 06/07/06)
Utilization reviews (08/16/06 & 08/31/06)

Information provided by Texas Mutual Insurance Company:

Designated doctor reviews (06/07/06)

Clinical History:

This is a 36-year-old patient who was hit by a forklift sustaining injuries to his lower back and neck with loss of consciousness.

Computerized tomography (CT) of the brain, cervical spine, and abdomen were normal. Pelvic CT showed fractures of the left L1 through L3 transverse processes. Richard Scott, Jr., D.O., assessed left L1 through L3 transverse process fractures, lumbar contusion with abrasions, right hand contusion, and post-concussion headaches. He started the patient on Celebrex, Skelaxin, and Vicodin and placed him in a thumb spica splint. Micah Mordecai, D.C., noted that cervical x-rays were normal while lumbar x-rays demonstrated myospasms, grade II posterior joint degenerative joint disease (DJD), and a transverse fracture at L2-L3. From September 2005 through April 2006, the patient attended multiple sessions of chiropractic therapy consisting of electrical stimulation, adjustments, and soft tissue manipulation. In a behavioral medicine consultation, he was recommended individual psychotherapy and biofeedback sessions. This was later denied stating that all symptoms could be accounted for by medical factors and there was no rationale for psychological therapy. The patient was noted to have a history of low back and neck injury in July 2005. Les Benson, M.D., assessed closed fracture of the back, herniated disc, tenosynovitis, ulnar collateral ligament strain, radiculopathy, neck injury, and concussion, and added Norco and Soma to the ongoing Vicodin, Skelaxin, and Celebrex.

Magnetic resonance imaging (MRI) of the right hand demonstrated: (a) Low-grade ulnar collateral ligament sprain at the first metacarpophalangeal (MCP) joint; (b) mild osteoarthritis of the first MCP joint; (c) fluid into the tendon sheath of the second, fourth, and fifth flexor tendons probably indicating tenosynovitis; (d) benign-appearing cyst in the distal third metacarpal. An MRI of the lumbar spine demonstrated: (a) Fractures of the transverse processes on the left-side at L1, L2, and L3; (b) small disc bulge at L4-L5 extending into the right lateral neuroforamina with associated small annular tear touching the undersurface of the right L4 nerve passing through the L4-L5 neuroforamina.

From January through June 2006, Charles Vavrin, M.D., a designated doctor, evaluated the patient on three occasions and stated that additional treatment was required for the fractures to heal as well as an aggressive program before maximum medical improvement (MMI) could be achieved. An MRI of the lumbar spine demonstrated resolution of the edema associated with the left transverse process fractures, and persistent small L4-L5 disc bulge extending into the inferior portion of the right lateral neural foramen touching the undersurface of the exiting right L4 nerve (associated with a small annular tear). In a functional capacity evaluation (FCE) in April, the patient qualified at a light physical demand level (PDL) against his job requirement of a heavy PDL. Work hardening was recommended. In a behavioral medicine consultation, he was diagnosed with adjustment disorder with mixed anxiety and depressed mood. In May, the patient completed a work hardening program (WHP).

A lumbar MRI performed in June reflected the previous findings with some right-sided neuroforaminal encroachment at L4-L5. From July through September, the patient received chiropractic care through Dr. Mordecai. Dr. Benson and Robert Myles, M.D., continued to manage the patient's low back pain and right-sided leg pain with Norco, Ambien CR, and Toradol. On August 10, 2006, in an FCE, the patient functioned at the light PDL. A chronic pain management program (CPMP) was planned. Dr. Benson attempted to wean the patient off his pain medications.

On August 16, 2006, CPMP was denied and the rationale provided was: *There was no clear indication for the program requested. Given the transverse process fractures (which do not even equate to an impairment rating) and the pain complaints as well as the fact that the patient had attended WHP, the request was not indicated.* On August 31, 2006, the appeal for CPMP was denied by a Specialty Advisor. The rationale provided was: *The patient was diagnosed with transverse process fractures of the L1, L2, and L3 vertebrae. Lower levels of care had been exhausted and the patient had already begun a titration schedule to wean off his medications. Additionally, he had made progress with prior physical therapy and work hardening. In this clinical setting, the request for two weeks of CPMP would not be in accordance with treatment guidelines.* On September 25, 2006, Dr. Benson noted continued back pain with radiation. Norco and Ambien CR were continued.

Disputed Services:

10 sessions of chronic pain management.

Explanation of Findings:

Patient with multiple trauma for which multiple co-morbidities noted. Ongoing treatment with opioids was successful. CPM Program suggested in the context of weaning pain medications. Previous work hardening program had met with modest success.

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

Overturn denial – APPROVE 10 SESSIONS OF Multi Disciplinary Chronic Pain Program

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

North American Spine Society Entry Guidelines; ODG Guidelines “Workloss Data Institute”; “effect of multi disciplinary pain centers: a meta analytic review by herta flora, Thomas Frdrich, Dennis Turk in Journal “Pain” (Vol 49: 1992, pp 221-230

The physician providing this review is a Medical Doctor. The reviewer is national board certified in Physical Medicine Rehabilitation as well as pain medicine from the American Board of Physical Medicine and Rehabilitation. The reviewer is a member of International Spinal Injection Society, American Medical Association. The reviewer has been in active practice for 9 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

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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.