

MATUTECH, INC.

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November 6, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0198-01
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 DNI Diagnostic Neuroimaging and ESIS. 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 orthopedics 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 ESIS:

Office notes (02/23/98 – 08/10/06)
Procedure notes (03/05/98 – 06/19/01)
Radiodiagnostic studies (06/15/98 – 04/14/05)
Electrodiagnostic studies (10/05/98)
Therapy notes (09/30/98 – 12/22/00)
Medical reviews (09/30/98 – 08/23/05)
Independent reviews (08/16/98 – 11/02/00)

Information provided by DNI Diagnostic Neuroimaging:

Lumbar myelogram/CT (04/14/05)

Clinical History:

This 43-year-old female injured her lower back while transferring a very heavy patient. Her lumbar x-rays were unremarkable and she was treated with Vicodin, Lodine, and ibuprofen before attending a physical therapy (PT). Patrick Donovan, M.D., a physiatrist, diagnosed a lumbar strain with facet joint dysfunction and treated her with medications, bilateral L5-S1 paravertebral nerve blocks x2, and a lumbar corset. Magnetic resonance imaging (MRI) of the lumbar spine showed disc desiccation and a left paracentral and lateral disc protrusion at L5-S1. The patient received epidural steroid injections (ESI) x2. Electromyography/nerve conduction velocity (EMG/NCV) studies of the lower extremities were unremarkable. A lumbar discogram/computerized tomography (CT) was positive at L5-S1. It was noted that the patient had injured her lower back in April 1990. Her previous CT scan had shown a bulge and osteophytes at L5-S1 and MRI had shown degenerative disc disease (DDD) and a central bulge at L5-S1.

On February 24, 1999, John Sazy, M.D., performed lateral and posterolateral interbody fusion at L5-S1. The patient attended a postoperative PT course. John Stasikowski, M.D., assessed maximum medical improvement (MMI) as of October 6, 1999, and assigned 13% whole person impairment (WPI) rating. In a medical evaluation, Carleo Capilli, M.D., deferred the assessment of MMI pending a lumbar myelogram. The myelogram showed operative changes at L5-S1 with possible paucity of bone graft at L5 and discontinuity of the posterior elements.

In 2000, Fredrick Todd, II, M.D., diagnosed failed back surgery syndrome and recommended a pain management program. Radie Perry, M.D., assessed MMI as of February 12, 2000, and assigned 12% WPI rating. Dr. Capilli assessed statutory MMI as

of March 3, 2000, and assigned 12% WPI rating. Clinton Battle, Jr., M.D., treated her with Lortab, Flexeril, Biofreeze, Ambien, Vicodin, Celebrex, Vanadom, and Restoril. In a functional capacity evaluation (FCE), the patient qualified at a sedentary physical demand level (PDL). Bruce Bollinger, M.D., an orthopedic surgeon, suspected facet mediated pain and recommended facet blocks/rhizotomy. From October through December, the patient attended eight weeks of a chronic pain management program (CPMP). Dr. Capilli re-assessed MMI as of March 4, 2000, with 18% WPI rating. In an impairment rating (IR) review, Donald Abrams, M.D., suggested 10% WPI rating.

From 2001 through 2005, Dr. Sazy treated the patient with Ambien, Flexeril, Lortab, Vicodin, and Restoril. A caudal ESI was administered by Dr. Classen for failed conservative management and postsurgical radiculopathy. The patient visited the emergency room (ER) on two occasions for acute exacerbation of her chronic low back pain and was managed with medications. Dr. Battle recommended hardware removal for the persistent back pain. Lumbar myelogram/CT in April 2005 showed potentially solid fixation at L5-S1 with a 1-2 mm "hard disc" reaching the dural sac at the origin of the left S1 root sleeve. In a peer review, ongoing prescription medications were found unreasonable and unnecessary.

In April 2006, Dr. Sazy prescribed Ultracet for persistent low back pain and recommended x-rays and myelogram with CT of the lumbar spine. In August, Flexeril was continued. In August, Dr. Sazy again recommended a CT myelogram for continued back pain. The request for the myelogram was denied as it was felt to be unnecessary. On August 25, 2006, Dr. Sazy requested reconsideration of the same to assess the integrity of the fusion and to rule out adjacent level disease

Disputed Services:

Repeat lumbar myelogram with post-myelogram CT.

Explanation of Findings:

It appears that the patient has undergone L5-S1 interbody fusion for persistent back pain proven by lumbar discography. She had persistent pain despite surgical intervention and has been noted to have need for persistent follow up, narcotic medications and epidural steroid injections all to no avail. The patient is currently being sent for a CT myelogram which is under review as noted above.

Conclusion/Decision To Overturn denial:

Overturn denial. The patient should be sent for a CT scan of the lumbar spine with reconstruction images to assess the potential for a pseudoarthrosis. My recommendation is that the patient also be sent for an MRI of the lumbar spine with gadolinium and fast spin echo technique to suppress the metallic artifact. Only an MRI can provide significant information about the appearance of the disk at the adjacent L4-5 level, whereas the myelogram would provide only means of discerning any significant disc

herniation or stenosis of the canal. With the correct sequence, the patient's image provided by an MRI would likely be more beneficial in determining the needed steps to provide her with significant improvement of her problem if possible. The patient should also be sent for lab studies to rule out a pseudoarthrosis and to rule out an infection of the lumbar spine in the form of CBC with differential, ESR and CRP.

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

OKO Spinal Infections, authors Chang, Currier, Cyr 2004

The Spine by Herkowitz et al

Principles and Practice of Spine Surgery by Vacarro et al

Clinical practice experience

The physician providing this review is a fellowship trained orthopedic spine surgeon and is board certified in orthopedic surgery. The reviewer is a member of American Academy of Orthopedic Surgery and North American Spine Society, Texas 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 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.