

MATUTECH, INC.

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December 6, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0325-01
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 Positive Health Management, ST Paul Travelers, and Curtis Hall, 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 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 Curtis Hall, D.O.:

Clinic notes (05/11/05 – 04/21/06)
Radiodiagnostic (05/16/05)
Electrodiagnostic (05/26/05)
FCE (10/19/05 & 02/18/06)
PT (05/11/05 – 11/10/06)

Information provided by Positive Health Management:

Clinic notes (04/19/06 – 09/19/06)

Clinical History:

This is a 57-year-old patient who injured his lower back when he was moving a refrigerator up a flight of stairs with a dolly. The patient presented to Curtis Hall, D.C., for evaluation and treatment. X-rays of the lumbar spine showed a left antalgic towering of the lumbar spine indicating the presence of a space occupying lesion most probably one or several disc protrusions as well as multiple levels of vertebral disc relationships. Dr. Hall assessed lumbar intervertebral disc syndrome with radiculopathy into the right leg, lumbar segmental dysfunction syndrome and lumbar myofascitis. He recommended a lumbar brace. The patient underwent chiropractic therapy from May through December 2005. Magnetic resonance imaging (MRI) of the lumbar spine revealed a right foraminal and far lateral disc herniation at L2-L3 with a tear in the outer annulus and narrowing of the right neuroforamen; annular disc bulge at L3-L4 flattening the thecal sac with mild bilateral foraminal encroachment; and right subarticular disc herniation at L4-L5 flattening the adjacent thecal sac and impinging upon the right L5 nerve root with associated bilateral foraminal narrowing.

Eduardo Garcia, M.D., evaluated the patient for low back pain radiating down the right lower extremity; assessed herniated nucleus pulposus (HNP) at L4-L5 with impingement in the right L5 nerve root with radiculopathy and HNP at L2-L3. Nerve conduction velocity (NCV) of the lower extremities did not show any evidence for either a neuropathy or radiculopathy. Scott Spann, M.D., an orthopedist, placed him on a Medrol Dosepak. The patient underwent a series of lumbar epidural steroid injections (ESIs) x3 with Anand Joshi, M.D. Leslie Bishop, M.D., assessed clinical maximum medical improvement (MMI) as of November 9, 2005, and assigned 5% whole person impairment (WPI) rating.

From January through November 2006, the patient attended chiropractic therapy. Per FCE report of January, the patient had undergone two weeks of work hardening. Recommendation was to return to a job field outside his formal job. Dr. Hall recommended a chronic pain management program (CPMP). Request for three units of psychological testing was denied due to the mild scores on the previous Beck Inventories.

Dr. Joshi noted that the patient felt much better following a facet injection on the right but had developed right sacroiliac (SI) joint pain. He recommended tapering off medications and undergoing right L5-S1 and SI joint intraarticular facet injections. A psychological evaluation gave the diagnoses of chronic pain (of the vertebrogenic type), major depression, and sleep disorder. A pain management program was recommended.

On May 2, 2006, pre-authorization for the CPMP was denied. The rationale provided was: *There was no documentation of specific outpatient therapy for depression and no record available in present review to establish medical treatment failure other than present report in diagnostic evaluation.* On May 24, 2006, CPMP for a period for 20 sessions was again denied. The rationale provided was: *There were diagnostic studies and physical examinations that were essentially unremarkable. The patient apparently participated in an at least 80 hours of work hardening without any benefit. There was no objectively scored psychological testing. Thus, medical necessity for pain management program cannot be established.*

On July 19, 2006, six sessions of individual psychotherapy and biofeedback were denied.

On September 28, 2006, the request for 20 days of CPMP was again denied. The reconsideration was referred to a physician advisor who again did not feel that the requested treatment met medical necessity guidelines. An appeal was made by Positive Health Management against the denial. However, as of November 6, 2006, the carrier stood by its decision for denial of 20 sessions of CPMP.

Disputed Services:

20 days of CPMP.

Explanation of Findings:

The medical records indicate a lumbar strain with subligamentous disc herniation without evidence of radiculopathy in 2005. The patient has been seen by appropriate specialist including orthopedic surgeons who did not feel the patient is a candidate for surgical intervention. The patient also has been referred to a pain management specialist who did complete injection therapy and did not feel further interventions were warranted. The patient has been through extensive chiropractic therapy and physical therapy as well as work hardening. The patient is not abusing any medication such as narcotic or opiates and does not appear to have any significant depression but continues to have subjective pain. The patient does not have a job to go back at this time.

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

Uphold denial. The recommendation for 20 sessions of chronic pain managing program is not reasonable or necessary.

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

The patient has already achieved MMI status by a designated doctor. The patient is not a surgical candidate, has a relatively stable psychological examination, has no significant addiction issues regarding medications and has already completed extensive therapy thus far including work hardening. There has been no attempt of returning this patient back to work or job retraining. The recommendation would be for Texas Rehab Commission evaluation to assist with vocational rehab. I see no indication for pain managing program at this time. Such a program would not be consistent with ACOEM guidelines for a benign soft tissue injury. Therefore, continuation of treatment including further pain management is not warranted at this time. The patient should be independent with home exercises, perform self taught biofeedback and take over-the-counter medications and the emphasis should be on returning back to work at levels consistent with his FCE.

ACOEM guidelines, chapter XII.

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer has been in active practice for eight 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.