

MATUTECH, INC.

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December 20, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0427-01
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 Wausau Underwriters Insurance. 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 physical medicine and rehabilitation 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 Wausau Underwriters Insurance:

Office notes (08/18/06 - 11/01/06)
Utilization review (10/04/06 – 10/30/06)

Clinical History:

This 28-year-old male sustained an injury to his left hand while sharpening chisels. His hand got caught in the grinder.

The patient sought treatment care with J Scott Crockett, D.O. for the left finger pain. The diagnoses of neuropathic and intractable pain left index finger and status-post removal of metal foreign body were given. Neurontin was prescribed. The patient underwent a psychological evaluation. Results of the Beck Depression Inventory and Beck Anxiety Inventory revealed severe depression and moderate anxiety. He was diagnosed with a single episode of severe major depressive disorder and pain disorder and was recommended six individual psychotherapy sessions and a referral for psychopharmacological treatment. On Subsequent follow-up, Dr. Crockett assessed sleep disturbance and night terrors, and prescribed Elavil. A psychophysiological evaluation revealed high reaction to stress building through each stressor showing moderate to good recovery in three of four modalities. The evaluator recommended biofeedback therapy.

Patrick Sterling, D.O., reviewed the records and opined that the *biofeedback therapy was not medically necessary and the patient needed a psychiatric evaluation to help him deal with anxiety and violent and suicidal thoughts*. Dr. Crockett medically cleared the patient for the work-hardening program (WHP) and prescribed Advil for the right knee pain. On October 18, 2006, Dr Crockett mentioned that the left wrist strain was resolving and recommended continuing WHP.

On October 30, 2006, the request for reconsideration of biofeedback was nonauthorized because: *Biofeedback was not the recommended treatment modality for evaluating and managing forearm, wrist, and hand complaints. Although biofeedback might have useful applications, in this instance the patient was referred to Injury 1 Treatment Center for evaluation and treatment of a left finger crush injury only and not for underlying mental health conditions. Biofeedback has not been found to be effective in the treatment of pain symptoms relating to hand complaints.*

On November 1, 2006, the patient returned to Dr. Crockett for persistent left index finger and wrist pain. An orthopedic consultation was recommended and Elavil and Neurontin were continued.

Disputed Services:

Biofeedback therapy (90901) once weekly for six weeks (EMG, PNG and Temp)

Explanation of Findings:

Patient had a crush injury to the left index finger and work hardening was performed, which is rarely if ever recommended for this type injury, and biofeedback was requested.

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

Literature does not support the efficacy of biofeedback in the fingers particularly in the acute or subacute phase. Biofeedback has shown to be if minimal to moderate success in the treatment of chronic pain, not acute or subacute, which is the case in point. There are few, if any, to support biofeedback for pain control in the acute or subacute phase.

In conclusion, it is my opinion as well as the preponderance of medical evidence that biofeedback is not reasonable and the decision is upheld.

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

Chapman, S. A. review and clinical perspective on the use of EMG and thermal biofeedback for chronic headaches. Pain 1986:27:1 – 43

Flor H. Haag G, Turk D. Long-term efficacy of EMG biofeedback for chronic rheumatic back pain. Pain 1986:26:141-51.

Barber J. Adrian, eds. Psychological approached to the management of pain. New York: Bruner/Mazel, 1982.

The physician providing this review is a Doctor of Medicine. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AAPMR. The reviewer has been in active practice for twenty-three 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.