

MATUTECH, INC.

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October 25, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0038-01
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 _____ . 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 _____

Office notes (05/31/01 – 08/22/06)
Procedure notes (06/13/01 - 06/03/01)
Therapy notes (PT/CPMP/individual therapy) (03/12/01 – 03/17/06)
Radiodiagnostics (03/07/01 – 09/11/03)
Electrodiagnostics (09/06/01 – 01/17/03)
Letters of adverse determination (07/18/06 & 08/04/06)

Clinical History:

This 47-year-old patient injured her neck and back when she twisted to catch a microwave that fell off a shelf.

In _____, lumbar and pelvic x-rays were normal. Magnetic resonance imaging (MRI) of the cervical spine showed degenerative disc disease (DDD) with posterior protrusions or posterior osteophytes at C5-C6 and C6-C7. Physical therapy (PT) was started. C. Stuart Pipkin, M.D., diagnosed disc herniation at C4-C5, C5-C6, and C6-C7 and occipital headaches. A number of other physicians managed the patient on NSAIDs, opiate analgesics, and muscle relaxants. She also received a series of three cervical epidural steroid injections (ESI) along with myofascial trigger point injections (TPI). An electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities was normal. In 2002, chiropractic care was continued. From February through September, the patient attended a chronic pain management program (CPMP). She continued to be on muscle relaxants, NSAIDs, and anxiolytic drugs.

From January 2003 through October 2003, the patient continued to receive chiropractic care as well as attended CPMP. Elavil, Lexapro, and Risperdal were prescribed. Joseph Wiggins, D.C., assessed statutory maximum medical improvement (MMI) as of January 3, 2003, and assigned 15% whole person impairment (WPI) rating. EMG/NCV study of the upper extremities revealed left C5/C6 radiculitis. Jackie Stephenson, M.D., assessed chronic left cervical nerve root irritation at C5, C6, and C7. In a designated doctor evaluation (DDE), Salvador Baylan, M.D., assessed statutory MMI as of February 12, 2003, and assigned 15% WPI rating. In February 2003, a cervical ESI was performed. Repeat MRI of the cervical spine showed: (a) Posterior-central disc protrusion at C2-C3 and posterior-central and paracentral disc protrusion at C3-C4 and C4-C5 with mild spinal stenosis at C4-C5; (b) posterior-central, paracentral, right posterolateral disc protrusion with probable osteophytic spurring at C5-C6; (c) posterior central, paracentral, left posterocentral disc protrusion, and osteophytic spurring at C6-C7; and (d) posterior-central, paracentral disc bulge, and osteophytic spurring at T4-T5 and T5-T6. Casey

Cochran, D.O., performed a review, and felt that her symptoms would continue on a chronic basis. Dr. Cochran assigned a 5% WPI rating.

In 2004, the patient continued to receive medications. Jaime Ganc, M.D., a psychiatrist, assessed recurrent severe depressive disorder with chronic pain syndrome and recommended modified intensive CPMP. Dr. Burke continued to provide chiropractic treatment and closely followed her progress. Through 2005, the patient was continued on muscle relaxants, antidepressants, anxiolytics, and NSAIDs.

In a required medical examination (RME) in May 2006, Dr. Cochran stated that there was no reason why the patient should be restricted from all work activities. He recommended modification of the medication regime advising paroxetine for depression and non-opiate analgesics. He recommended a CPMP (to include an opiate detoxification program). Computerized muscle testing (CMT) and range of motion (ROM) testing stressed the need for an interdisciplinary CPMP. In June, Rolando Rodriguez, M.D., assessed cervical radiculopathy, bilateral cervical facet syndrome, myofascial pain syndrome, and left-sided carpal tunnel syndrome (CTS). He too recommended CPMP.

On July 18, 2006, CPMP x10 sessions was denied. Rationale provided was: *The patient was on Effexor, Paxil, and Vicodin. She had brief individual therapy in 2004. Additional individual therapy and CPMP had been denied thereafter. There was insufficient information with large gaps in treatment. The request did not appear to be reasonable and necessary per evidenced based guidelines.* On August 4, 2006, a reconsideration request for CPMP x10 sessions was denied. Rationale: *The potential for recovery was not established with over five years of evaluation and treatment for an occupational injury that appeared limited to strain/sprain. The patient had been placed on perpetual use of opiate base narcotics without demonstrable evidence of functional improvement or return to gainful employment and without evidence of narcotic contract or any attempt at weaning. There was no objectification as to how request for the CPMP would be materially different from the same program components previously provided, nor could the extended lapses in treatment for the past two years be explained.* In August, Dr. Rodriguez and Louis Bieler, M.D., continued to treat the patient with hydrocodone, Xanax, Zanaflex, Paxil, Thera-Gesic cream, and gel #10 containing ibuprofen, ketoprofen, baclofen, and lidocaine.

Disputed Services:

Chronic behavioral pain management program x10 sessions.

Explanation of Findings:

Please see above. The patient has chronic benign pain syndrome secondary to cervical discopathy and depression.

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

Conclusion to Overturn.

The patient has had extensive history of benign pain syndrome, cervical discopathy and depression and has had previous interventions including psychological eval and counseling. The patient has been previously felt to be a reasonable candidate for PMP in 2004 but no clear documentation that this was carried out. Although it is 2 years later, PMP may be appropriate x 10 at this time to wean off narcotics and promote functional restoration and progress to home program. This would, in my opinion promote MMI.

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

ACOEM GUIDES

The physician providing this review is a physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. The reviewer has been in active practice for 10 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

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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.