MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

November 2, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0156-01
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 Jacob Rosenstein, M.D., Larry Kjeldgaard, D.O., ., Downs and Stanford, P.C., Michael McGarrah, D.C., and Bart Crosby, M.D. 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 Jacob Rosenstein, M.D.:

Clinic notes (06/29/06 – 08/04/06)

Information provided by Larry Kjeldgaard, D.O.:

Clinic note (03/15/05)

Information provided by [illegible]

Utilization reviews (08/25/06 and 09/18/06)
Letter of appeal (09/13/06)

Information provided by Downs and Stanford, P.C.:

Utilization reviews (08/25/06 and 09/18/06)
Office notes (01/12/05 – 09/13/06)
Procedure notes (08/03/05 – 07/18/05)
Radiodiagnostic studies (03/01/05)
Electrodiagnostic studies (03/06/06)
Medical reviews (03/31/05 – 05/02/05)

Information provided by Michael McGarrah, D.C.:

Office visits/therapy notes (01/20/05 – 04/19/05)
Medical reviews (05/02/05)
Radiodiagnostics (03/01/05)

Information provided by Bart Crosby, M.D.:

Office visits (01/12/05 – 02/22/05)

Clinical History:

This 59-year-old female injured her mid-back while helping a customer load a wooden door onto a blue cart. On January 12, 2005, she presented to Bart Crosby, D.O. for evaluation and treatment. X-rays of the thoracic spine showed mild anterior wedging at T11. Dr. Crosby diagnosed thoracic and rib strain; prescribed Toradol, Mobic, and Ultracet; and placed the patient on limited duty. Later, he added Skelaxin and Ultram. The patient attended 31 sessions of physical therapy (PT) consisting of electrical stimulation, ice packs, spinal adjustments, manipulation, and therapeutic exercises. Larry Kjeldgaard, D.O., added Talwin to the medications. Magnetic resonance imaging (MRI) demonstrated a 2-3 mm posterocentral disc herniation at T8-T9 with compression of the

thecal sac. Dr. Kjeldgaard provided a neuromuscular stimulator for home use. In a peer review, Leslie Miner, D.C., rendered the following opinions: (1) The patient appeared to have a herniated disc in her thoracic spine, and treatment for this might necessitate up to 24 visits of passive modalities as long as there was some improvement. Treatment after that would probably not be indicated unless it consisted of injection therapy or continued prescription management. (2) Surgery was not an option for the patient based on the lack of myelopathic findings. (3) The use of a transcutaneous electrical nerve stimulator (TENS) unit or neuromuscular stimulator was only appropriate in the acute timeframe for four to eight week period from the date of injury. On April 18, 2005, Michael McGarrah, D.C., assessed clinical maximum medical improvement (MMI) and assigned 5% whole person impairment (WPI) rating. James Scott, M.D., a physiatrist, assessed clinical MMI as of May 2, 2005, and assigned 5% WPI rating.

Jacob Rosenstein, M.D., a neurosurgeon, evaluated the patient and diagnosed 2-3 mm T8-T9 posterior central disc herniation, chronic pain syndrome, and left inferior medial scapular pain with trigger points. He prescribed Tramadol, Robaxin, Relafen, and Trazodone. A thoracic epidural steroid injection (ESI) had to be aborted because of a vasovagal reaction. On chronic pain evaluation, it was noted that the patient had developed at least a mild chronic pain syndrome characterized by somatic pre-occupation, pain sensitization, depression, and a number of functional deficits. Individual psychotherapy was recommended. Dr. Rosenstein administered trigger point injections (TPIs) to the thoracic area and trapezius and recommended individual psychotherapy. A functional capacity evaluation (FCE) showed that the patient did not reach her job required physical demand level (PDL). Dr. Rosenstein initiated Wellbutrin XL.

In March 2006, electromyography/nerve conduction velocity (EMG/NCV) studies of the upper extremities were normal. Dr. Rosenstein prescribed Medrol Dosepak, Tramadol, Robaxin, Trazodone, and Wellbutrin. He administered thoracic TPIs on one occasion in April. The patient continued to have chronic thoracic pain and bilateral scapular pain. Dr. Rosenstein continued to recommend active PT. In August, he put a request for additional thoracic TPIs x5. It was denied for the following reasons: *Invasive techniques have no proven benefit in treating acute neck and/or upper back symptoms. The available medical records did not support that the requested procedure would provide long-term significant benefit in relation to her ___ injury.*

On September 13, 2006, Dr. Rosenstein stated that the patient had an excellent response to the injections in the past. A reconsideration request was denied stating that the requested procedure did not meet the medically necessary criteria.

Disputed Services:

Thoracic trigger point injections x5

Explanation of Findings:

Patient with thoracic disc HNP and overlying myofascial pain for whom rehabilitation and injections have been recommended. Previous injections helped diagnostically and

therapeutically positive. Treatment is in the context of an overall management plan which is adequately outlined and developed in the medical records provided.

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

(Partially OVERTURN denial. Approval for (4) separate trigger point injections of Xylocaine with or without steroid, in the same anatomic region, to occur over a period not to exceed 12 months. The four injections can be combined into one date or separately over up to four different dates.

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

ODG guidelines, November 2006 referring to criteria for trigger points identified by palpation, persisting more than three months, and treatments failed to control pain. According to this literature, up to four treatments per anatomic area are considered medically necessary. Literature supports use of local anesthetic with or without steroid. American Society of Interventional pain physicians, 2006 Medicare medical policy.

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 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.