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December 21, 2006

Texas Department of Insurance
Division of Worker's Compensation
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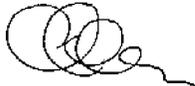
Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0406-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

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 Judson Somerville, M.D., and Texas Municipal League Intergovernmental Risk Pool. 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 Judson Somerville, M.D.:

Office notes (04/10/06 - 11/27/06)
Diagnostic study (04/11/06)
Procedure notes (0728/06 and 08/25/06)

Information provided by Texas Municipal League Intergovernmental Risk Pool:

Pre-authorization determination (09/27/06 – 10/03/06)

Clinical History:

This 51-year-old female employed by _____ slipped on a wet floor and got an electrical shock when she touched some printer wires, and developed pain in her right shoulder and right side of her neck. There are no records available for 2005. In April 2006, Judson Somerville, M.D., a pain management physician, evaluated the patient for neck and right shoulder pain, headaches, difficulty sleeping, depressed mood, and anxiety. The following history of treatment was noted: *Dr. David Cruz treated the patient with physical therapy (PT), while Dr. Sued prescribed medications. Magnetic resonance imaging (MRI) of the cervical spine revealed strain of the usual lordotic curve, an annular bulge at C4-C7, and diffuse disc bulge at the lower two levels. An MRI of the brain was unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) studies showed mild carpal tunnel syndrome (CTS). The patient was treated with a right shoulder injection and manipulation. She was on tramadol, Motrin, and Tylenol. Cervical/trapezius ultrasound revealed right-sided C2-C4 and C6-C7 facet joint capsule edema as well as trapezius muscle edema on the right. Thoracic ultrasound showed right and left-sided T1-T2 and right-sided T11-T12 facet joint capsule edema. Dr. Somerville diagnosed cervical disc disorder with myelopathy (primary), cervical disc displacement without myelopathy, cervical disc degeneration, depression, sleep disorders, and adjustment disorder with mixed anxiety and depressed features. He treated the patient with Lyrica, Wellbutrin XR, Budeprion, albuterol inhaler, Lunesta, MS Contin, Cymbalta, and Ativan. He administered peripheral nerve blocks at C4, C5, C6, and C7 sensory branches on the right on two occasions, and a greater occipital nerve block on a single occasion. Dr. Somerville prescribed a transcutaneous electrical nerve stimulation (TENS) unit. However, a request for the same was denied as it was noted that there was no indication of the TENS unit as there was no supportive literature indicating its effectiveness in chronic phase. It was also noted that there was no evidence of focal disc herniation or foraminal encroachment. Electrodiagnostic studies showed no signs of motor radiculopathy or plexopathy in the upper extremities. CTS was unrelated to the compensable injury. A reconsideration request for a 30-day rental of the TENS unit was also denied. Dr. Somerville refilled Cymbalta, MS Contin, Lyrica, Lunesta, and Ativan; and recommended continuation of conservative treatment as it helped to relieve the pain.*

He stated that the patient had chronic pain which severely limited her activities. This affected the quality of her sleep and would result in symptoms of anxiety and depression.

Disputed Services:

TENS unit rental for 30 days.

Explanation of Findings:

There is no evidence of a radiculopathy in the objective diagnostic tests and documentation supports a cervical strain at most.

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

Evidence-based guidelines fail to support benefit from the use of TENS in the spinal region and it is my opinion the decision should be upheld.

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

ODG and ACOEM do not recommend the use of a TENS for the spine.

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. 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.