

# **MATUTECH, INC.**

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March 29, 2006

Rebecca Farless  
Texas Department of Insurance  
Division of Worker's Compensation  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR Tracking #: M2-06-0943-01  
DWC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
IRO#: IRO5317

Dear Ms. Farless:

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 Texas Spine Institute and Liberty Mutual Insurance Company. 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 orthopedics, 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 Texas Spine Institute:

Radiodiagnostic studies (05/06/98 - 06/23/05)  
Therapy notes (05/13/05 - 02/28/06)  
Clinic notes (05/13/05 - 08/01/05)  
Procedure note (07/29/05)  
IR evaluation (09/30/05)

#### Information provided by Liberty Mutual Insurance Company:

Clinic notes (01/17/06 - 01/30/06)  
Radiodiagnostic study (06/19/05)

### Clinical History:

This is a 43-year-old white female, who suffered a lower back injury while attempting to subdue an unruly child.

**1998:** Randall Mask, D.C., diagnosed lumbar sprain/strain and lumbar radiculopathy. The patient had had lower back pain in the past that had resolved. Magnetic resonance imaging (MRI) of the lumbar spine was unremarkable. Electrodiagnostic studies of the lower extremities were normal. Dr. Mask planned therapy, manual traction, and muscle stimulation. He assessed maximum medical improvement (MMI) as of September 23, 1998, and assigned whole person impairment (WPI) rating of 8%. (Records from 1999 through 2004 are not available)

**2005 - 2006:** Kris Schmidt, D.C., evaluated the patient for an acute flare-up of lower back symptoms. Positive findings included straight leg raise test, Minor's sign, and Valsalva's maneuver. X-rays were unremarkable. Dr. Schmidt diagnosed lumbar disc syndrome and radiculitis. The patient underwent multiple sessions of therapy from June through November. In June, the patient was given an impairment rating (IR) of 14% by Dr. Schmidt. Lane Casey, D.O., The patient was taking Trileptal, atenolol, lithium, Estrace, HCD, and Soma. MRI revealed a broad disc bulge at L4-L5, central disc protrusion at L5-S1, right facet joint effusion suggestive of acute facet joint irritation, and lumbar facet syndrome at L3-L4. Electrodiagnostic studies revealed right peroneal motor neuropathy; left-sided L4 to S1 radiculitis and L5 radiculopathy; and possible bilateral tibial motor and sural sensory neuropathies. Dr. Casey administered a facet block at L3-L4, L4-L5, and L5-S1 bilaterally which resulted in 20-25% pain relief. He requested pre-authorization for another facet block. Mark Ritchie, D.C., assessed statutory MMI as of September 30, 2005, and assigned 10% WPI rating.

In January 2006, Dr. Casey noted an acute exacerbation of back pain that had resulted from a fall when her legs gave way due to weakness. ROM of the lumbar spine was decreased and palpation of lumbar facet joints elicited pain. Dr. Casey requested pre-authorization for a lumbar epidural steroid injection (ESI). The patient attended a single session of therapy that consisted of electrical stimulation, ultrasound, and therapeutic exercises. On January 23, 2006, the request was denied for the following reason: *the patient had not had enough conservative measures to treat the present exacerbation and MRI had not indicated any significant nerve compression.* A reconsideration request for the ESI was denied on January 31, 2006, since it was felt that the patient could respond to conservative treatments and hence injection at that time was not medically necessary.

**Disputed Services:**

Lumbar epidural steroid injection.

**Explanation of Findings:**

As noted above, the patient has been diagnosed with L5 radiculopathy, L4-S1 radiculitis. Per EMG study, electrophysiologic studies, as well as disc bulge at L4-L5, disc protrusion at L5-S1 and lumbar facet syndrome at L3-L4. The patient has undergone facet injections, which provided merely 25% relief and the patient has been noting lower extremity weakness with resultant falls, request for ESI has been denied.

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

I would overturn the denial at this time allowing Dr. Casey to perform epidural steroid injections as requested. My personal preference would be to perform these injections through the transforaminal approach selectively blocking the nerve in question which appears to be causing her more significant radiculopathy, which appears to be L5. Repeat injections may be required for other involved nerves or ESIs placed intralaminarly may require three injections to provide the patient with sufficient resolution of her symptoms. I would not recommend more than 3 injections at this time. I do feel that ESI injections at this point are quite reasonable considering that the patient underwent chiropractic/physical therapy between June and November of 2005. The diagnosis of the patient's L5-S1 findings as a protrusion suggested potentially more acute diagnosis and a broad-based disc bulge which tends to suggest a degenerative process. More importantly, if the patient was not complaining of radiculopathy prior to the low back injury and subsequently began develop lower extremity complaints after the described event, treatment would be reasonably attributed to the specific event described. This would be the case even in the presence of preexisting degenerative phenomena involving the lumbar spine.

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

Most people start to develop lumbar degenerative changes at the age of 25 to 30 years old. These changes in 35% of this age group have been noted to be asymptomatic in

several studies. The presence of lumbar degenerative changes does not preempt a potential for an exacerbation of those findings or an acute injury despite those findings. The most significant historical data can be determined by the potential presence of the radiculopathy prior to the fall or accident described and/or new-onset diagnosis of radiculopathy. Certainly, in the presence of pre-existing radicular findings followed by the described mechanism as in Ms. \_\_\_\_ case would make any ESIs related to the compensable injury unreasonable, however, even when patients have evidence of degenerative changes of the lumbar spine, which is quite prevalent in our society, but no evidence of radiculopathy before a compensable injury and a new-onset radiculopathy thereafter should allow the patient to receive an adequate course of conservative treatment for that diagnosis. It appears, in my opinion, that the patient has undergone a sufficient course of conservative treatment to justify injection therapy. More so, I would actually be more likely to lean towards reasonable justification of an epidural steroid injection than I would a facet injection in Ms. Brickey. \_\_\_\_ case. Facet arthropathy is a degenerative process whereas new-onset radiculopathy with evidence of disc protrusion at L5-S1 should be able to be justifiably treated as a compensable acute diagnosis. At this time, the injections do appear to be reasonable. The patient may require an evaluation by a fellowship-trained spine surgeon if there is documentable lower extremity weakness as has been suggested by Dr. Casey.

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The physician providing this review is an Orthopedic Surgeon. The reviewer is national board eligible by the American Board of Orthopedic Surgeons. The reviewer has been in active practice for 9 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.