

MATUTECH, INC.

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August 11, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1724-01
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 San Angelo Neurosurgical Association, an unknown provider, and Dr. Martin. 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 neurosurgeon, 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 San Angelo Neurosurgical Association:

(11/21/05 – 06/08/06) Office notes

Information provided by an **unknown provider**:

(11/04/05 – 06/08/06) Office notes

(11/08/05) Radiodiagnostic study

Information provided by Dr. Martin:

(11/04/05 – 05/15/06) Office notes

Clinical History:

This patient sustained an injury to his neck while unloading 6000 lb canned goods from a truck.

Per preinjury records, in November 2005, Luther Martin, D.O., saw the patient for neck pain radiating into the right hand. The injury had occurred in late _____. Arthrotec and Tylenol No.3 were prescribed. Magnetic resonance imaging (MRI) of the cervical spine revealed prominent degenerative changes and high grade foraminal stenosis at C5-C6 and C6-C7. Robert LeGrand, Jr., M.D., discussed treatment options including medications, a cervical epidural steroid injection (ESI), and surgery.

Following the injury, on May 15, 2006, Dr. Martin prescribed Naprosyn for an exacerbation of her radicular pain. Dr. LeGrand, Jr., noted complaints of posterior cervical and interscapular pain with radiation to the shoulders and arm, more on right; and numbness, dysesthesias, and weakness in upper extremities. Treatment options were discussed. The patient wanted to proceed with the surgery. The recommended surgery was anterior discectomy and interbody fusion (ACDF) at C5-C6 and C6-C7.

Disputed Services:

Anterior discectomy with an interbody fusion at C5-C6 and C6-C7.

Explanation of Findings:

This case involves a now 59 year old male who was injured on ____ when he stepped in a hole and jarred his neck. He developed neck pain with interscapular pain and shoulder pain, worse on the right side. There was a previous injury with similar complaints, nine

years before, which were corrected in association with epidural steroid injections. The patient's examination reveals diminished right triceps and right biceps strength with limited range of motion of the head and neck. A cervical MRI on 11-8-2005 suggested severe degenerative disc change at both C5-6 and C6-7 with bilateral neural encroachment. In the several weeks after his injury, the patient's symptoms gradually resolved and the recommended injections in his neck were not necessary. He has had recurrent symptoms since that time in association with a ____ injury associated with unloading a truck. His symptoms and signs remain quite significant and compatible with pathology seen on his cervical MRI.

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

Overturn the denial.

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

I agree with the recommendation for a surgical procedure consisting of anterior cervical discectomy and fusion at both the C5-6 and C6-7 interspaces. The patient has signs and symptoms compatible with a process at these levels causing nerve root compression which can frequently be helped significantly by the proposed operative procedure. The patient's chronic neck condition is the primary source of his trouble, but aggravation by injury on at least two occasions, is in all medical probability the primary reason for his surgery being necessary.

The physician providing this review is a neurosurgeon. The reviewer is national board certified in neurosurgery. The reviewer has been in active practice for 35 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.