



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name:

Texas IRO # :

MDR #: M2-05-2347-01

Social Security #:

Treating Provider: John Sazy, MD

Review: Chart

State: TX

Review Data:

- Notification of IRO Assignment dated 9/14/05, 1 page.
- Medical Dispute Resolution Request/Response dated 8/25/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Health Care Services Review dated 8/11/05, 7/29/05, 7 pages.
- Facsimile Transmittal dated 9/16/05, 9/14/05, 7 pages.
- Receipt of Request dated 9/14/05, 1 page.
- Fax Confirmation dated 9/16/05, 9/14/05, 6 pages.
- Fax Cover Sheet dated 9/14/05, 1 page.
- Return Patient Visit dated 7/21/05, 5/19/05, 2/10/05, 11/18/04, 10/7/04, 3/9/04, 2/10/04, 7 pages.
- Cervical Spine MRI dated 1/11/05, 9/2/03, 3 pages.
- Examination dated 6/16/05, 1/19/05, 12/16/04, 11/4/04, 7/23/03, 10 pages.
- Progress Note dated 7/25/05, 5/23/05, 2/22/05, 1/11/05, 8 pages.
- Letter of Enclosed Contents dated 9/30/05, 1 page.
- Invoice dated 9/14/05, 1 page.
- Preauthorization Request dated 7/26/05, 1 page.
- Reconsideration Request dated 8/5/05, 1 page.
- Lumbar Spine X-ray dated 5/20/05, 1 page.
- Physical Therapy Evaluation dated 11/1/04, 2 pages.
- Fax Transmittal Sheet dated 11/9/04, 1 page.
- Operative Report dated 4/30/04, 4/2/04, 2 pages.
- Office Visit dated 4/8/04, 3/25/04, 2/24/04, 2/5/04, 5 pages.
- Consultation dated 10/15/03, 3 pages.
- Cervical Spine CT Scan dated 7/10/03, 1 page.

Reason for Assignment by TDI/DWC: Determine the medical necessity for appeal of the previously denied myelogram and cervical CT scan.

CORPORATE OFFICE

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Determination: UPHELD - previously denied myelogram and cervical CT scan.

Rationale:

Patient's age: 56 years
Gender: Female
Date of Injury: ____
Mechanism of Injury: Panel weighing 40 pounds fell on her and hit her head and back.
Diagnoses: Cervical pain.
Herniated nucleus pulposus.
Lumbar pain.
Status post L5-S1 discectomy and fusion 1992.

The claimant has a long standing history of cervical and lumbar pain stemming from a work injury on _____. On 8/28/03, the claimant underwent an MRI of the cervical spine that showed minimal posterior spondylitic ridging at levels C3-4 and C5-6 with minimal disc space narrowing at C3-4. There was no focal protrusion or foraminal stenosis at any level. The claimant treated conservatively with physical therapy, medications, and was taken out of work. According to the documentation, she underwent pain management and epidural cervical injections in February 2004 through March 2004 that did not provide any sustained relief. The claimant then underwent a series of nerve blocks and trigger point injections for the diagnosis of occipital neuralgia through April 2004.

The notes lapse, then on the 10/07/04 office visit, Dr. Sazy noted the claimant's physical examination was within normal limits, but did refer the claimant to a neurologist, with continued physical therapy and medications. The claimant was seen by a neurologist on 11/04/04. The claimant reported that she was experiencing personality changes, and continued headaches. On examination, there was a diminished sensory examination on the right arm. The physician opined that the claimant should be treated for post concussive syndrome with medications, and recommended a CT scan of the head. On the 12/16/04, the follow-up examination with the neurologist, the claimant reported increased symptoms of photophobia and neck pain. The physician noted the diagnosis as post concussive syndrome, and recommended a cervical MRI. He opined that the claimant was not able to work at any job.

On 1/11/05, the claimant underwent a cervical MRI that showed multilevel degenerative disc disease without herniation or canal stenosis. The neurologist noted on the 1/19/05 follow-up, the claimant was basically unchanged and recommended to continue medications and start the DBC spine clinic, as well as, to remain off work. On the subsequent office visits with Dr. Sazy on 2/10/04 and 2/22/05, the claimant reported her symptoms were unchanged. There was notation the claimant was status post fusion surgery, however, the notes were brief, and provided very little objective information. It was not clear from the notes when the surgery took place. The 5/20/05 lumbar X-rays showed the L4 to S1 hardware was in place. The claimant's examination was noted to be within normal limits with continued complaints of cervical and lumbar pain.

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The claimant reported increased low back pain at the 5/23/05 office visit with Dr. Dirnberger. On examination, there was tenderness over L4 to S1 facet joints and paraspinal muscles, greater on the left. There was tenderness over the bilateral paracervical and bilateral trapezius muscles and base of occipital bilaterally, with a minimal weakness. Dr. Dirnberger noted the diagnosis as chronic low back pain, status post fusion, and chronic neck pain with associated headaches; bilateral lower extremity radiculopathy, acute on the left; chronic myofascial pain syndrome, and anxiety, depression and insomnia secondary to chronic pain syndrome. He recommended continuing to follow-up with the neurologist, the spine surgeon and medications.

On the 6/16/05 neurology examination, Dr. Marable noted the claimant's complaints and examination were unchanged. He indicated the claimant would be at maximum medical improvement on 7/10/05, and suggested formal functional capacity exam with an impairment rating; the diagnosis was noted as mild cervical disk at C3-4. On the 7/21/05 office visit, Dr. Sazy noted the claimant was doing well and her back felt good. However, the claimant reported headaches and neck pain with radiation to her shoulder and arm. Her examination was within normal limits. He recommended a cervical myelogram and CT scan to further determine treatment, as he felt the claimant was a surgical candidate. Apparently, the request was denied, as there was no objective medical documentation to indicate the claimant was a surgical candidate. The request is under appeal.

The medical records available for review showed a normal physical examination, and an MRI showed no evidence of a surgical lesion, thus it appears that the decision to obtain a CT myelogram was based solely upon persistent subjective complaints. Given the normal physical examination findings and the failure of the MRI to confirm a surgical lesion, the medical records would not support Dr. Sazy's contention that the claimant is a surgical candidate. and Based upon all of the foregoing, this reviewer would not recommend the requested myelogram and cervical CT scan as being reasonable and necessary.

Criteria/Guidelines utilized: AAOS, Orthopedic Knowledge Update, Spine, chapter 1, page 3.

Physician Reviewers Specialty: Orthopedic Surgery

Physician Reviewers Qualifications: Texas licensed MD, and is also currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and 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 the decision before the referral to CompPartners, Inc.

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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.

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