



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0020-01
Social Security #: _____
Treating Provider: Robert Henderson
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 9/20/05, 1 page.
- Receipt of Request dated 9/20/05, 1 page.
- Medical Dispute Resolution Request/ Response dated 8/31/05, 2 pages.
- Table of Disputes (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Initial Chart Note dated 5/13/05, 2 pages.
- Radiology Report dated 3/23/04, 1 page.
- Lumbar Spine MRI dated 6/8/05, 2 pages.
- Lumbar Spine Myelogram dated 7/26/05, 2 pages.
- Lumbar Spine CT Scan dated 7/26/05, 2 pages.
- Chart Note dated 8/26/05, 7/26/05, 3 pages.
- Request for Preauthorization for Surgery dated 8/2/05, 1 page.
- Progress Note dated 9/8/05, 1 page.
- Rationale dated 8/18/05, 8/11/05, 2 pages.

Reason for Assignment by TDI: Determine the medical necessity of the previously denied anterior interbody fusion at L4-5, retroperitoneal exposure and discectomy at L4-5, replacement anterior interbody fixation at L4-5, posterior decompression at L4-5, transverse process fusion at L4-5, posterior internal fixation at L4-5, bone graft allograft, bone graft autograft in situ, bone graft autograft iliac crest, bone marrow aspirate, revision donor site, and 2-3 day length of stay.

Determination: REVERSED – the previously denied anterior interbody fusion at L4-5, retroperitoneal exposure and discectomy at L4-5, replacement anterior interbody fixation at L4-5, posterior decompression at L4-5, transverse process fusion at L4-5, posterior internal fixation at L4-5, bone graft allograft, bone graft autograft in situ, bone graft autograft iliac crest, bone marrow aspirate, revision donor site, and 2-3 day length of stay.

CORPORATE OFFICE

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Rationale:**Injured worker's age:** 38 years**Gender:** Female**Date of Injury:** ____**Mechanism of Injury:** Moving a testing board that was on wheels, weighing greater than 450 pounds, and experienced sudden onset of pain in her back.**Diagnoses:** Herniated nucleus pulposus lumbar.

Status post L4 and L5 fusion 10/09/03.

Status post hardware removal 05/04/04.

The claimant has a long standing history of low back pain resulting from the ____ injury. She underwent L4-5 decompressive laminectomies and fusion in October 2003, and removal of painful hardware on 5/04/04. According to the documentation, she never recovered fully after the May 2004 surgery. She was discharged from pain management in January 2005, but continued to have low back symptoms. On 7/26/05, the claimant underwent a CT scan that showed the previous L4-5 fusion surgery. There was sclerotic change identified around the endplates at the L4-5 level. There were minimal anterior extruded defects at levels L3-4, L4-5, and L5-S1 with a non-union with fragmentation identified with in the posterolateral bony fusion from L4-S1, with a 2 mm retrolisthesis of L3-4. The treating physician recommended an anterior interbody fusion L4-5, retroperitoneal exposure and discectomy L4-5, replacement anterior interbody fixation L4-5, posterior decompression L4-5, transverse process fusion L4-5, posterior internal fixation L4-5, bone graft allograft, bone graft autograft in situ, left iliac crest bone graft and bone marrow aspirate with a two to three day inpatient length of stay. The requested anterior interbody fusion L4-5, retroperitoneal exposure and discectomy L4-5, replacement anterior interbody fixation L4-5, posterior decompression L4-5, transverse process fusion L4-5, posterior internal fixation L4-5, bone graft allograft, bone graft autograft in situ, left iliac crest bone graft and bone marrow aspirate with a two to three day inpatient length of stay can be recommended as medically necessary. Based on the information reviewed, this reviewer can recommend the requested surgery as medically necessary. The claimant had a positive CT scan for non-union and MRI evidence of pseudarthrosis at L4-5 levels, had failed conservative treatments and has been symptomatic for several months. The surgery requested is the only way to treat this claimant's condition. It is highly unlikely that this patient would derive any benefit from additional conservative treatment, given the diagnosis.

Criteria/Guidelines utilized: AAOS, Orthopedic Knowledge Update, Spine, chapter 45, page 452-53.

Milliman Care Guidelines.

Physician Reviewers Specialty: Orthopedic Surgery**Physician Reviewers Qualifications:** Texas licensed MD and is currently listed on the TWCC ADL list.**CORPORATE OFFICE****18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612****TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995****E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426**

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.

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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