



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0081-01
Social Security #: _____
Treating Provider: Kenneth Berliner, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 10/4/05, 1 page.
- Receipt of Request dated 10/4/05, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Letter of Denial by Physician Advisor dated 8/9/05, 7/27/05, 4 pages.
- Receipt of Request dated 10/19/05, 1 page.
- Medical Dispute Resolutions Request dated 9/8/05, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Instructions for Completing the Medical Dispute Resolutions Request/Response, 1 page.
- Table of Disputed Services, 1 page.
- American Academy of Orthopaedic Surgeons Pain Imaging: Discography Literature, 5 pages.
- Orthopedic Report dated 8/26/05, 2 pages.
- History and Physical Report dated 7/11/05, 4 pages.
- Orthopedic Report dated 6/27/05, 2/18/05, 4 pages.
- Patient's Stent Implant Card dated 1/10/5, 1 page.
- Letter dated 12/18/04, 1 page.
- Letter of Medical Necessity for Physical Therapy Rendered from Dates of Service 9/9/03 through 12/15/03, 3 pages.
- Orthopedic Report dated 1/5/04, 1 page.
- Operative Report dated 11/19/03, 3 pages.
- Letter of Medical Necessity for Services/Prescriptions dated 11/5/03, 1 page.
- Orthopedic Report dated 10/30/03, 2 pages.
- Follow-up Note dated 10/27/03, 2 pages.
- Operative Report dated 10/15/03, 3 pages.

CORPORATE OFFICE

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- Letter dated 10/8/03, 1 page.
- Follow-up Note dated 9/25/03, 2 pages.
- Orthopedic Report dated 9/18/03, 9/18/03, 3 pages.
- Operative Report dated 9/3/03, 1 page.
- Orthopedic Report dated 7/31/03, 2 pages.
- Independent Medical Examination Report dated 6/10/03, 2 pages.
- Orthopedic Report dated 6/9/03, 4/10/03, 2/3/03, 11/7/02, 8 pages.
- Letter dated 11/7/02, 1 page.
- Electrophysiological Evaluation Report dated 10/17/02, 1 page.
- Electrodiagnostic Referral Request dated 10/14/02, 1 page.
- Orthopedic Report date 10/14/02, 2 pages.
- Letter of Determination dated 10/11/02, 1 page.
- Patient Diagnostic Testing Prescription dated 6/14/02, 1 page.
- Orthopedic Report dated 4/8/02, 2 pages.
- Initial Consultation Notes dated 4/22/02, 2 pages.
- Prescription Authorization Request dated 4/4/02, 1 page.
- Laboratory Results dated 2/1/02, 2 pages.
- Orthopedic Report dated 1/28/02, 2 pages.
- Peer Review dated 1/23/01, 3 pages.
- Lumbar Spine Radiology Report dated 1/16/02, 2 pages.
- Orthopedic Report dated 1/3/02, 12/10/01, 11/5/01, 7 pages.
- Texas Worker's Compensation Commission-69 Narrative Report dated 9/24/01, 1 page.
- Laboratory Results dated 9/20/01, 3 pages.
- Report of Medical Evaluation dated 9/13/01, 2 pages.
- Evaluation of Permanent Impairment dated 9/12/01, 5 pages.
- Report of Medical Evaluation dated 9/12/01, 1 page.
- Reminder of Statutory Maximum Medical Improvement dated 9/4/01, 1 page.
- Initial Consultation Report dated 9/5/01, 3 pages.
- Letter of Medical Necessity for Blood Laboratories dated 8/23/01, 2 pages.
- Prescription Authorization Request dated 8/14/01, 2 pages.
- Orthopedic Consult dated 8/14/01, 4 pages.
- Lumbar Spine MRI Report dated 11/18/99, 1 page.

Reason for Assignment by TDI/DWC: Determine the medical necessity for appeal of the previously denied low pressure lumbar discogram, post CT, post Marcaine challenge L3-4, L4-5 and L5-S1.

Determination: **UPHELD** - previously denied low pressure lumbar discogram, post CT, post Marcaine challenge L3-4, L4-5 and L5-S1.

Rationale:**Patient's age:** 36 years**Gender:** Male**Date of Injury:** ____**Mechanism of Injury:** Moving 75-100 pound boxes and felt immediate pop and back pain.**Diagnosis:** Chronic discogenic back pain L5-S1.

A lumbar MRI dated 11/19/99, demonstrated disc degeneration and focal subligamentous disc herniation at L5-S1 without any obvious mass effect. The claimant was treated with medications and physical therapy post injury. On 08/14/01, the claimant switched his care to Dr. Berliner. Records prior to the onset of treatment with Dr. Berliner were not provided. At the 08/14/01 visit with Dr. Berliner, the claimant complained of persistent back pain that radiated into the left leg. On examination, reflexes were 2 plus, sensation was intact, and motor strength was symmetrical. Straight leg raise was negative. The impression was herniated nucleus pulposus (HNP) L5-S1 and lower extremity radiculopathy. Dr. Berliner recommended epidural steroid injections. He noted that the claimant did not have evidence of nerve root tension signs or neurologic compromise, and he felt that the claimant's back pain was discogenic in origin. Epidural steroid injections were denied by the carrier. A lumbar MRI was done on 01/17/02 and showed disc desiccation and small midline herniation at L5-S1. An EMG/NCS was done on 10/17/02 and was normal. Epidural steroid injections continued to be denied. An Independent Medical Examination (IME) on 6/10/03, recommended a trial of epidural steroid injections and on 09/03/03, 10/15/03 and 11/9/03, epidural steroid injections, along with epidurography and lysis of adhesions were performed. The injections provided some relief of his leg pain. On 01/05/04, the claimant was released to light duty. No further records were provided until 02/18/05. He noted that the claimant had no significant change, still had decreased lumbar range of motion and neurologically he was intact. The diagnosis was chronic discogenic back pain and he was treated with medications. A fusion was discussed at the 06/27/05 visit and discography was ordered. The discogram was denied twice on peer review and has been submitted for dispute resolution. The office visit dated 08/26/05, documented tenderness of the lumbar spine with palpable spasm; decreased forward flexion, and negative straight leg raise. Lower extremity motor strength and sensation were symmetrical. The impression was discogenic back pain at L5-S1. The claimant had persistent low back pain since the injury of ____, and has a diagnosis of chronic discogenic back pain at L5-S1. The MRI demonstrated disc desiccation and small midline protrusion at L5-S1. There was no evidence of nerve root compression. The physician is considering a lumbar fusion for treatment of his discogenic pain and has requested discography. There are no indications for discography in this claimant. The claimant had a normal neurological examination and imaging studies do not show a neurocompressive lesion. The EMG was normal. While the physician noted surgery as a possibility, this claimant had a single level degenerative change and no instability. Fusion for back pain complaints is not predictable, and discography is felt to be of limited value at diagnosing pain generating levels. According to ACOEM Guidelines, "Recent studies on diskography do not support its use as a preoperative indication for fusion. Diskography does not identify the symptomatic high intensity zone, and

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concordance of symptoms with the disk injected is of limited diagnostic value.” The claimant does not appear to be a surgical candidate based on the information provided, and the discogram is not recommended.

Criteria/Guidelines utilized: TWCC rules and regulations.

ACOEM Guidelines, 2nd Edition, Chapter 12.

Occupational Medicine Practice Guidelines. L. S. Glass. Beverly Farms, MA, OEM Press: Chapter 12, p. 304-305.

Physician Reviewers Specialty: Orthopedics

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.

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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