



CompPartners Final Report



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

Claimant Name:

Texas IRO # : _____
MDR #: M2-06-0133-01
Social Security #: _____
Treating Provider: John Wyatt, DC
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 10/17/05, 1 page.
- Receipt of Request dated 10/17/05, 1 page.
- Medical Dispute Resolution Request/Response dated 9/26/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Pre-Authorization Determination dated 9/8/05, 8/25/05, 4/28/05, 3/28/05, 1/19/05, 10 pages.
- Letter to Division of Workers' Compensation Medical Review Division dated 10/12/05, 1 page.
- Follow-up Visit dated 8/18/05, 8/17/05, 4/14/05, 11/12/04, 7/23/04, 5 pages.
- Prescription dated 8/18/05, 5/16/05, 5/6/05, 4/14/05, 12/15/04, 12/21/04, 11/22/04, 4/12/04, 3/12/04, 1/5/04, 11/17/03, 9/26/03, 7/23/03, 6/24/03, 5/20/03, 3/12/03, 10/11/02, 9/20/02, 8/16/02, 7/22/02, 10/3/01, 25 pages.
- Letter to CompPartners from The Back and Joint Clinic dated 10/20/05, 1 page.
- Fax Cover Sheet dated 10/25/05, 10/18/05, 2 pages.
- SOAP Notes dated 8/31/05, 7/22/05, 6/3/05, 5/16/05, 5/6/05, 4/21/05, 4/14/05, 3/14/05, 12/15/04, 12/10/04, 12/6/04, 11/22/04, 11/12/04, 7/23/04, 6/18/04, 4/16/04, 4/15/04, 4/14/04, 4/13/04, 4/12/04, 3/12/04, 2/13/04, 1/5/04, 6/5/00, 5/18/00, 4/12/00, 2/22/00, 1/12/00, 24 pages.
- Office Visits dated 7/23/04, 2/16/04, 2/10/04, 9/26/03, 5/28/03, 12/27/02, 10/11/02, 5/17/02, 2/1/02, 11/30/01, 7/27/01, 4/20/01, 9/8/00, 7/7/00, 3/22/00, 2/11/00, 11/12/99, 8/27/99, 4/23/99, 3/12/99, 1/20/99, 12/4/98, 10/7/98, 7/27/98, 25 pages.
- Evaluation For Cervical Spine ESI dated 12/13/04, 1 page.
- Examination dated 7/22/05, 6/24/05, 6/3/05, 5/6/05, 4/14/05, 2/9/05, 12/21/04, 7 pages.
- Repeat MRI dated 12/29/04, 1 page.
- Cervical Spine MRI dated 3/17/05, 1/19/05, 3/16/98, 6 pages.
- Surgical Consultation dated 7/22/05, 1 page.

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- Consultation dated 3/14/05, 2 pages.
- Physical Therapy Prescriptions dated 10/7/05, 11/30/04, (date unspecified), 2 pages.
- Evaluation dated 9/20/02, 10 pages.
- Letter from CorVel Corporation dated 7/26/00, 6/29/00, 5/30/00, 3 pages.
- Left Shoulder and Cervical Range of Motion Assessment Report (date unspecified), 2 pages.
- Letter to Dr. Murphy from Bituminous Insurance Companies dated 1/19/01, 8/17/00, 5/8/00, 6/4/99, 2/11/99 7 pages.
- Letter of Medical Necessity for Pain Mapping dated 6/21/00, 1 page.
- Orthopedic Consultation dated 4/25/00, 2 pages.
- Evaluation of the Cervical Spine dated 7/20/98, 2 pages.
- Specific and Subsequent Medical Report 5/28/98, (date unspecified), 12 pages.
- Work Status Report dated 5/28/98, 1 page.
- Isometric Physical Capacity Re-testing dated 5/28/98, 1 page.
- Dynatron 2000 Patient Testing and Management System dated 6/4/98, 5/28/98, 9 page.
- Cervical Range of Motion Assessment Report dated 5/28/98, 1 page.
- Initial Medical Narrative Report (date unspecified), 7 pages.
- Neurological Examination dated 7/27/98, 2 pages.
- Patient Checklist (date unspecified), 2 pages.
- Legal Letter dated 10/24/05, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for a 3-day inpatient length of stay, C5-6 anterior cervical discectomy, allograft fusion and anterior cervical plate fixation.

Determination: PARTIAL - 24 hour observation, C5-6 anterior cervical discectomy, allograft fusion and anterior cervical plate fixation.

Rationale:

Patient's age:	45 years
Gender:	Male
Date of Injury:	—
Mechanism of Injury:	Injured neck and left upper extremity while driving a sweeper (truck).
Diagnoses:	Status post left shoulder surgery, 07/15/97. Status post cervical fusion C6-7 with iliac bone graft, July 1997. Cervical facet syndrome.

The claimant is a 45-year old laborer who underwent left shoulder surgery and an anterior cervical discectomy and fusion of C6-7 as a result of a work-related injury on ____.

Postoperatively the claimant continued to experience cervical and left upper extremity pain. A post-surgical MRI of the cervical spine dated 03/16/98 revealed a bulge at C3-4 and C5-6 without definite nerve root compression. The claimant obtained rehabilitation chiropractic therapy from Dr. Bailey, who reported that the claimant was deconditioned and unable to work because of persistent neck and left arm pain. The neurosurgical evaluation by Dr. Murphy, on 07/27/98, determined that the claimant was not a surgical candidate and recommended continuation of work conditioning by Dr. Bailey. On 12/04/98, Dr. Murphy documented that the claimant was able to return to work as a truck driver after conditioning. As of 08/27/99, Dr. Murphy documented that the claimant was driving a tractor trailer and experienced occasional neck pain. On 04/25/00, the claimant was evaluated by Dr. Berliner because of persistent neck pain since surgery. Dr. Berliner documented that the upper extremity reflexes were symmetrical and that the claimant had tenderness over C5-6 and C7-T1 for the diagnosis of cervical facet syndrome. Pain mapping, possible radiofrequency ablation, and a repeat MRI were recommended. It was not documented whether the claimant obtained the recommended treatment. However, the claimant remained under the care of Dr. Murphy from 07/07/00 to 10/11/02, and was diagnosed with left carpal tunnel syndrome and treated with chiropractic therapy, splinting, medications, and a walking program. Re-examination with Dr. Murphy on 10/11/02, documented cervical and left upper extremity pain, give-away weakness of the left triceps, and decreased strength. Dr. Murphy recommended continued work conditioning and medications through 07/23/04. Dr. Murphy examined the claimant on 11/12/04, and documented little neck pain, but no numbness or tingling. The diagnosis at that time was cervical spondylosis, and medication and cervical traction was prescribed. The claimant obtained treatment by Dr. Bailey, and was referred for cervical epidural steroid injections on 12/15/04. Dr. Calvo examined the claimant on 12/21/04 and noted that his neck pain was worse on the left, with electrical sensation to the left upper extremity to the fingers. The left upper extremity appeared weaker than the right. X-rays taken by Dr. Calvo, showed a solid fusion and no evidence of slippage. A repeat MRI of the cervical spine dated 01/19/05 revealed disc bulging at C3-4, C4-5, and C5-6, with foraminal narrowing and a complete anterior fusion at C6-7. Dr. Calvo recommended cervical epidural steroid injections on 02/09/05. The claimant was seen in consultation by Dr. Siddiqi on 03/14/05, and cervical epidural steroid injections and electrodiagnostic studies were recommended. An MRI of the cervical spine, dated 03/17/05, revealed a left paracentral disc osteophyte complex at C6-7 encroaching on the left neural foramina. Dr. Calvo's office records on 04/14/05, 05/06/05, and 06/03/05, documented 55 percent improvement, but continued neck and left upper extremity symptoms. On 06/24/05, Dr. Calvo noted left myofascial pain and administered a trigger point injection of the left side and recommended physical therapy. On 07/22/05, Dr. Calvo reported that the claimant had not improved, and recommended a cervical discectomy and fusion. Dr. Siddiqi examined the claimant on 08/17/05, and documented cervical tenderness, reflex of the bilateral deltoids, biceps, and brachial radialis at 4 plus, brachial radialis jerks one bilaterally, and full strength of the upper extremities. Dr. Siddiqi recommended an anterior cervical discectomy and fusion with plate fixation and the option of allograft. The surgery, including a three-day length of inpatient stay, was denied because the fusion of C5-6 would place stress on the level above, which also was not normal. Based on the last MRI dated 01/19/05, it appeared

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that there was evidence of spinal canal narrowing to 10 mm with moderate to severe bilateral stenosis. The patient had failed extensive conservative treatment including medication and ESI. He is bothered by ongoing complaints of neck and left arm symptoms. It was felt that he had a cervical radiculopathy, unresponsive to conservative measures. Due to his failure to respond to conservative treatment, an anterior cervical discectomy and fusion at C5-6, would appear to be appropriate, however, this should only be performed as a 24-hour observation. The day following surgery, particularly with allograft, the patient may be discharged if there are no unexpected complications. There is no medical requirement for a three-day length of stay following a standard anterior cervical discectomy and fusion with allograft.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

AAOS, Orthopedic Knowledge Update: Spine 2; Chapter 32, pg 299-304, Milliman Care Web, Ninth Edition

Physician Reviewers Specialty: Orthopedic Surgery

Physician Reviewers Qualifications: Texas licensed MD, and is also currently listed on the TDI/DWC 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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