CompPartners Final Report

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

Claimant Name: ___
Texas IRO #: ___
MDR #: M2-06-0148-01
Social Security #: ___
Treating Provider: Fredrick Kersh, D.O.
Review: Chart
State: TX

Review Data:

- **Notification of IRO Assignment dated 10/20/05, 1 page.**
- **Receipt of Medical Dispute Resolution Request dated 10/20/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 10/11/05, 1 page.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services Form, 1 page.**
- **Fax Cover Sheet dated 10/25/04, 1 page.**
- **Case Manager's Notes dated 10/22/04, 1 page.**
- **Emergency Room Report dated 10/20/04, 2 pages.**
- **Fax Cover Sheets dated 10/27/04, 2 pages.**
- **Operative Report dated 10/21/04, 2 pages.**
- **History and Physical Report dated 10/20/04, 5 pages.**
- **Correct Patient, Site and Procedure (CPSP) Verification Checklist dated 10/21/04, 1 page.**
- **Routine Culture Results dated 10/21/04, 1 page.**
- **Hospital Clinical Document dated 10/21/04, 3 pages.**
- **Denial of Request Notice dated 10/25/04, 4 pages.**
- **Texas Worker's Compensation Work Status Report dated 11/9/04, 1 page.**
- **Examination Note dated 11/9/04, 1 page.**
- **Physician Assessment dated 10/20/04, 1 page.**
- **Emergency Department Ongoing Nursing Assessment dated 10/20/04, 1 page.**
- **Emergency Department Abdominal Nursing Assessment dated 10/20/04, 1 page.**
- **Initial Assessment Form dated 10/20/04, 1 page.**
- **Examination Note dated 11/23/04, 1 page.**

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- **Texas Worker's Compensation Work Status Report dated 11/23/04, 1 page.**
- **Texas Worker's Compensation Commission Request for Additional Required Medical Examination dated 12/16/04, 1 page.**
- **Examination Note dated 12/7/04, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 12/8/04, 1 page.**
- **Agreement or Non-Agreement by Injured Employee dated 12/21/04, 1 page.**
- **Adjuster Authorization, 1 page.**
- **Required Medical Examination Appointment Notification Letter dated 1/3/05, 1 page.**
- **Required Medical Exam dated 1/4/05, 2 pages.**
- **Required Medical Examination Appointment Notification Letter (Spanish) dated 1/3/05, 1 page.**
- **Appointment Confirmation Letter dated 1/3/05, 1 page.**
- **Initial Consultation Report dated 1/4/05, 2 pages.**
- **Examination Note dated 1/5/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 1/6/05, 1 page.**
- **Notice of Utilization Review Findings dated 1/12/05, 1 page.**
- **Required Medical Examination Report dated 1/17/05, 3 pages.**
- **Lumbar Spine MRI dated 1/17/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 1/17/05, 1 page.**
- **RS Medical Prescription and Statement of Medical Necessity dated 1/20/05, 1 page.**
- **Fax Cover Sheet/Work Status Report dated 2/2/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 2/1/05, 1 page.**
- **Examination Note dated 2/1/05, 1 page.**
- **Notice of Utilization Review Findings dated 2/8/05, 2 pages.**
- **Request for Designated Doctor Appointment dated 2/15/05, 1 page.**
- **Progress Report #3 dated 2/22/05, 2 pages.**
- **Texas Worker's Compensation Work Status Report dated 3/9/05, 1 page.**
- **Examination Note dated 3/9/05, 1 page.**
- **Progress Report #4 dated 3/22/05, 2 pages.**
- **Designated Doctor Evaluation for Purposes of Maximum Medical Improvement and Impairment Rating dated 3/25/05, 4 pages.**
- **Report of Medical Evaluation dated 3/25/05, 1 page.**
- **Fax Cover Sheet dated 4/26/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 4/28/05, 1 page.**
- **Examination Notes dated 4/26/05, 5/17/05, 2 pages.**
- **Fax Cover Sheet dated 5/18/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 5/17/05, 1 page.**
- **Follow-up Office Visit Report dated 5/25/05, 2 pages.**
- **Notice of Utilization Review Findings dated 6/9/05, 2 pages.**
- **Follow-up Office Visit Report dated 6/14/05, 1 page.**

- **Fax Cover Sheet/Work Status Report dated 6/14/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 6/14/05, 1 page.**
- **Examination Note dated 6/14/05, 1 page.**
- **Notice of Utilization Review Findings dated 6/17/05, 2 pages.**
- **Fax Cover Sheet/Work Status Report dated 7/18/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 7/11/05, 7/15/05, 2 pages.**
- **Pre-authorization Medical Dispute Response dated 9/6/05, 1 page.**
- **Time Sensitive Pre-authorization Medical Dispute Response dated 10/11/05, 1 page.**
- **Follow-up Office Visit Report dated 8/8/05, 1 page.**
- **Fax Cover Sheet/Work Status Report dated 8/8/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 8/8/05, 1 page.**
- **Follow-up Visit Report dated 7/11/05, 1 page.**
- **Spinal Solutions P.A., Francisco Batlle, M.D. Billing Change of Address, 1 page.**
- **Consultation Report dated 8/17/05, 3 pages.**
- **Follow-up Office Visit Report dated 8/29/05, 9/6/05, 3 pages.**
- **Fax Cover Sheet/Work Status Report dated 9/6/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 9/6/05, 1 page.**
- **Notice of Intent to Issue an Adverse Determination dated 9/9/05, 1 page.**
- **Fax Cover Sheet/Authorization Request dated 9/12/05, 1 page.**
- **Notice of Utilization Review Findings dated 9/12/05, 2 pages.**
- **Acknowledgement of Reconsideration Request dated 9/13/05, 1 page.**
- **Appeal Procedure Instructions, 1 page.**
- **Notice of Utilization Review Findings dated 9/16/05, 2 pages.**
- **Texas Worker's Compensation Work Status Report dated 10/4/05, 1 page.**
- **Examination Note dated 10/4/05, 1 page.**
- **Correspondence dated 10/18/05, 10/25/05 4 pages.**
- **Letter dated 10/26/05, 1 page.**
- **Computer Inquiry Note, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied outpatient right L5 selective epidural steroid injection.

Determination: UPHELD - previously denied outpatient right L5 selective epidural steroid injection.

Rationale:

Patient's age: 38 years
Gender: Male
Date of Injury: ___

Mechanism of Injury: Bent over to pick up carpet, tripped over a box, fell to the floor and had acute onset of low back pain.

Diagnoses: Incision and drainage of perirectal abscess, 10/21/04.
Lumbar discogenic syndrome, rule out tear, 01/04/05.
Right L5 radicular symptoms.
Lack of response to conservative measures.

The records indicated that the claimant was initially diagnosed with a back strain and was treated conservatively with medication, physical therapy and light duty. An MRI done on 12/02/04, showed mild degenerative disc disease at L5-S1. The claimant continued to have persistent low back pain with radiation into the right thigh and continued conservative treatment. On a 01/04/05 Physician Independent Medial Examination, a right L5 selective epidural steroid injection was recommended. On 01/17/05, Dr. Foox evaluated the claimant and agreed that an epidural steroid injection would be appropriate to hopefully resolve the back pain complaint. A neurological consultation done on 08/17/05 revealed that the claimant was not a surgical candidate. Continued physical therapy was recommended along with consideration of an epidural steroid injection. The claimant's low back pain persisted. The claimant was noted to have reached maximum medical improvement as of 03/25/05. A physician record dated 10/4/05, noted the claimant with chronic low back pain and not working. The selective epidural steroid injection was denied by the insurance carrier. It should be noted that there is no such thing as an L5 selective epidural steroid injection. Any injection made into the epidural space involves necessarily the entire epidural space; therefore, a selective epidural steroid injection does not exist. Relative to the epidural steroid injection itself, this reviewer agrees that it was not likely to significantly improve this claimant's condition. He had ongoing discogenic pain, according to the notes, with some mild radicular component. According to ACOEM Guidelines, epidural steroid injections have not been proven effective for chronic pain, and this claimant had ongoing pain for quite some time, more than a year. The MRI showed just L5-S1 disc desiccation and discogenic disease, but no evidence of any nerve root irritation or inflammation. In addition, all of the notes indicated that the claimant's pain was chiefly back pain, and the note of 08/08/05 indicated the claimant's pain was 100 percent back pain, with no leg complaints and the preponderance of the notes indicated that the vast majority of this claimant's pain was back pain without a radicular component. The epidural steroid injection was not likely to give significant relief in the absence of radicular complaints. In summary, this reviewer cannot recommend the epidural steroid injection as being medically necessary.

Criteria/Guidelines utilized: TWCC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapter 12, page 300.

AAOS, Orthopedic Knowledge Update, Spine, 2 Chapter 22, p. 194

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.

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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