



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0240-01
Social Security #: _____
Treating Provider: Johann Van Beest, D.C.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/1/05, 1 page.
- Receipt of Medical Dispute Resolution Request dated 11/1/05, 1 page.
- Medical Dispute Resolution Request/Response dated 10/17/05, 2 pages.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Table of Disputed Services Form dated, 1 page.
- Follow-up Visit Report dated 9/14/05, 2 pages.
- Page 2 of Imaging Report dated 8/24/05, 1 page.
- Texas Outpatient Non-Authorization Recommendation dated 9/28/05, 6 pages.
- Appeal Letter dated 9/29/05, 1 page.
- Medical Conference Note dated 10/3/05, 1 page.
- Texas Outpatient Reconsideration Decision: Non-Authorization dated 10/4/05, 3 pages.
- Follow-up Visit Report dated 10/6/05, 2 pages.
- Correspondence dated 10/27/05, 3 pages.
- Fax Cover Sheet dated 11/2/05, 1 page.
- Correspondence dated 11/8/05, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied lumbar discogram at L2-3 and L3-4.

Determination: UPHELD - previously denied lumbar discogram at L2-3 and L3-4.

Rationale:

Patient's age: Not provided for this review.
Gender: Female

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
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Date of Injury: ____

Mechanism of Injury: Not stated for this review.

Diagnoses: Lumbago.
Thoracic and lumbosacral neuritis and radiculitis.
Status post L4-5 and L5-S1 fusion 12/18/01.
Status post hardware removal 08/26/03.
Low back pain, bilateral lumbar radiculopathy, stenosis at L3-4,
neurogenic claudication.
Bilateral greater trochanteric bursitis.
Chronic pain syndrome.

The claimant underwent an L4-5 and L5-S1 fusion in response to a ____ injury. Subsequently, the claimant underwent removal of hardware on 08/26/03, followed by a progressive increase in low back pain with numbness and tingling of the lower extremities. On 09/14/05, Dr. Rosenstein documented that a myelogram and post CT scan dated 08/24/05, showed a solid fusion and good position of the cages at both levels, and hypertrophy at L3-4, with impression on the thecal sac. Dr. Rosenstein requested a lumbar discogram of L2-3 and L3-4 to determine the pain generating level, as the claimant's symptoms have continued to escalate for two years. On 10/03/05, Dr. Rosenstein documented that the claimant had junctional syndrome above the fusion. The discogram was denied and Dr. Rosenstein requested reconsideration of the decision. In the interim, the claimant had been approved and scheduled for bilateral greater trochanteric injections. This reviewer agrees that the lumbar discogram is not medically necessary. The claimant was having ongoing evidence of discogenic pain above the level of his previous fusion. However, there was no evidence that additional fusion surgery will lead to any significant improvement in this claimant's condition. According to ACOEM Guidelines, in the absence of spinal instability, there is no evidence to suggest that fusion will improve the condition significantly. Discography is not a good indicator of surgical candidates according to ACOEM Guidelines. There was nothing to suggest that discography will change this claimant's clinical course in any significant way. Based on this, this reviewer cannot recommend approval of the discogram as being medically necessary.

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

Orthopedic Knowledge Update: Spine 2; Chapter 35, pg 333-335.

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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