



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-0277-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Brad Burdin, DC  
**Review:** Chart  
**State:** TX  
**Date Completed:** 1/11/06

### **Review Data:**

- **Notification of IRO Assignment dated 11/9/05, 1 page.**
- **Receipt of Request dated 11/9/05, 1 page.**
- **Follow-up Visit dated 11/9/05, 10/28/05, 10/13/05, 9/27/05, 8/31/05, 8/22/05, 7/20/05, 7/1/05, 6/27/05, 9 pages.**
- **Examination dated 11/7/05, 2 pages.**
- **Medical Dispute Resolution dated 10/21/05, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Reconsideration – Preauthorization Request dated 10/7/05, 2 pages.**
- **Authorization Report and Notification dated 10/7/05, 10/3/05, 4 pages**
- **Preauthorization Request dated 10/3/05, 2 pages.**
- **Mental Health Evaluation dated 9/6/05, 3 pages.**
- **Functional Capacity Evaluation dated 8/29/05, 18 pages.**
- **Range of Motion Examination dated 7/19/05, 11 pages.**
- **Consultation dated 7/19/05, 4 pages.**
- **Nerve Conduction Study (date unspecified), 1 page.**
- **Lumbar Spine MRI dated 7/12/05, 1 page.**
- **Narrative Summary dated 7/8/05, 3 pages.**
- **Lumbar Spine X-ray dated 6/29/05, 1 page.**

**Reason for Assignment by TDI:** Determine the appropriateness of the previously denied request for six weeks of work hardening (97545).

**Determination:** **UPHELD** - previously denied request for six weeks of work hardening (97545).

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**Rationale:****Patient's age:** 26 years**Gender:** Male**Date of Injury:** \_\_\_\_**Mechanism of Injury:** Slipped in a muddy area and fell on the concrete.**Diagnosis:** Lumbar spine strain.

This claimant had X-rays of the lumbar spine on 6/29/05, which revealed that the L5 posterior elements had an appearance suggesting spondylolysis, although no spondylolisthesis was present. There was mild anterior narrowing present in the lower thoracic vertebrae and L1. The MRI of the lumbar spine on 7/12/05 was normal. An electromyogram/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities, performed on 7/19/05, by David Hirsch, D.O., was normal. Dr. Hirsch also documented a physical examination which revealed normal strength of the bilateral lower extremities and some decreased sensation to pinprick on the left side in the L-5 distribution. Straight leg raise was positive at 45 degrees and there was a positive piriformis stretch test on the left. The patient reported a 6-9/10 pain scale rating on that date.

A neurology consultation by Morris Lampert, MD, dated 7/08/05, revealed a normal motor examination with a positive straight leg raise at 75 degrees on the left. There was tenderness and spasms noted at the L4-5 and L5-S1 areas, with minimal limitation of flexion and discomfort noted in left lateral flexion. The patient was advised to undergo an MRI of the lumbar spine and was provided with medications of Skelaxin and Ibuprofen. The progress notes from Brad Burdin, DC dated 8/22/05, indicated that the patient was tolerating regular light duty status at work and a Functional Capacity Evaluation (FCE) was recommended. The FCE findings from Kipp Clayton, OTR, on 8/29/05, noted that the claimant had a very heavy job demand level and, on that date, he demonstrated equal strength in the bilateral lower extremities with only moderate limitations in range of motion. He was able to lift 147 pounds from the floor level; 103 pounds from the knee level, and 62 pounds from the waist level. He was able to lift 60 pounds from floor to shoulder level, 50 pounds and from the shoulder to the overhead levels. These maneuvers increased the intensity of his low back pain. The patient was able to tolerate only 36 minutes out of the 60 minutes of work simulation, due to increased pain. Mr. Clayton then recommended a work re-entry program to prepare him for the rigors of the job duties. He documented valid testing insofar as patient validity was concerned.

During a follow-up visit with Dr. Burdin, on 8/31/05, the claimant reported left lower extremity weakness as well as a little bit of burning in the left heel, while on a treadmill. He also reported that the lifting tasks represented trouble for him. A mental health evaluation was performed on 7/6/05, indicating that he was doing well emotionally and that there was no need for individual psychotherapy. The provider suggested that this patient was a good candidate for a work hardening program (no deficit information was offered). He also indicated that the patient had made good progress under the work-conditioning program and was amenable to increasing his exercise program under professional supervision. The notes from Dr. Burdin, on 11/9/05, indicated that the claimant presented for a designated doctor examination recently and, as a part

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of that evaluation, he had to do another functional capacity evaluation (FCE), on 11/8/05. He was having an exacerbation from this test and reported 6/10 pain, with pain radiating down the left lower extremity again. Lumbar flexion was restricted to 35 degrees, there were spasms in the lumbar musculature and there was a positive Kemp's. The actual FCE was not provided for this review, however, there was a reference to it in a letter of correspondence authored by Robert F. Josey, from the law offices of Harris and Harris, who represent the city of San Antonio. The content of the stated letter contended that the FCE in question reflected a lack of valid effort in the lifting tasks and that, as of 10/7/05, the claimant had already been given an exhaustive treatment regimen, including active physical therapy. Moreover, the report of this patient's mental health evaluation set out that the patient had made good progress with his work-conditioning program.

The current request is to determine the medical necessity of 6 weeks of disputed work hardening, code 97545. The medical necessity for this was not found with reference to the TDI/DWC rules and regulations. This claimant was afforded both passive and active chiropractic care, physical therapy modalities and exercises. He was tolerating his light duty work restrictions according to Dr. Burdin's 8/22/05 progress notes, which indicated that the claimant was able to return to work with these restrictions. He was also afforded a work-conditioning program, from which he made progress. This patient also had diagnostic interventions which were negative, including an MRI and electrodiagnostic (EMG/NCV) studies. Objective physical findings documented that the patient's deep tendon reflexes, muscle strength and motor testing were normal. The most recent functional capacity evaluation (FCE), performed on 11/08/05, documented that the patient had displayed a lack of valid effort and so the patient's actual restrictions in lifting capacity, if any, remain an open question. Based upon all of the foregoing, the disputed 6 weeks of a work hardening program does not meet the test for medical necessity. The data submitted for review provided no reason why this patient cannot be transitioned to a fully independent program of home exercises for strengthening.

**Criteria/Guidelines utilized:** TWCC rules and regulations.  
The APTA Guidelines For Work Hardening.

**Physician Reviewers Specialty:** Chiropractic

**Physician Reviewers Qualifications:** Texas Licensed DC, BSRT, FIAMA Chiropractor 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

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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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