



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0352-01
Social Security #: _____
Treating Provider: Bejan Daneshfar, M.D.
Review: Chart
State: TX

Review Data:

- **Notification of IRO Assignment dated 11/28/05, 1 page.**
- **Receipt of Medical Dispute Resolution Request dated 11/28/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 11/7/05, 1 page.**
- **Table of Disputed Services Form, 1 page.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Notice of Transmittal of Checks and Records for IRO Review dated 12/20/05, 1 page.**
- **Carrier's Dispute Statement dated 12/20/05, 3 pages.**
- **Office Visit and Procedure Notes dated 11/18/05, 2 pages.**
- **Letter of Appeal dated 10/17/05, 2 pages.**
- **Texas Mutual Insurance Company's Utilization Review Findings dated 10/10/05, 9/26/05, 6 pages.**
- **Office Visit and Procedure Notes dated 9/16/05, 8/24/05, 6/24/05, 4/22/05, 8 pages.**
- **Ambulatory Surgery Center Operative Procedure Notes dated 5/30/03, 2 pages.**
- **Operative Report dated 12/11/01, 3 pages.**
- **Consultation Report dated 9/15/00, 2 pages.**
- **Operative Report dated 8/1/00, 3 pages.**
- **Follow-up Visit dated 12/13/99, 1 page.**
- **CT Scan Report dated 11/30/99, 1 page.**
- **Operative Report dated 4/13/99, 2 pages.**
- **Initial Medical Report dated 3/1/99, 1 page.**
- **Consultation Report dated 3/3/99, 3 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied outpatient stay at the Acute and Chronic Pain and Spine Center, for lumbar facet joint nerve blocks at L1-S1.

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Determination: UPHELD - the previously denied outpatient stay at the Acute and Chronic Pain and Spine Center, for lumbar facet joint nerve blocks at L1-S1.

Rationale:

Patient's age: 47 years

Gender: Male

Date of Injury: _____

Mechanism of Injury: Working on shear and brake with heavy metal and hurt back. Pain hit and became more severe as day went on, radiating down left leg.

Diagnoses: Status post lumbar laminectomy 1987. Left L5 and ALIF S1 radiculopathy. Left herniated nucleus pulposus L4-5, recurrent herniated nucleus pulposus left L5-S1. Status post microdiscectomy, redo microdiscectomy left L4-5 and L5-S1 04/13/99. Status post 1) anterior lumbar interbody fusion with autologous bone L3-4, L4-5 and L5-S1. 2) Placement of structural machined interbody devices in the form of machine fibula ring L3-4, L4-5 and L5-S1. 3) posterior procedure – # 1 redo hemilaminotomy, medial fasciectomy, foraminotomy and disc explorations L4-5, L5-S1 with redo discectomy left L4-5. # 2 - harvest of autologous bone right iliac crest # 3 posterolateral fusion L3-4, L4-5 and L5-S1. # 4 – placement of Blackstone pedicular fixation L3 to sacrum 08/01/00. Status post 1) redo left sided decompression 2) posterior segmental spinal instrumentation at L3-4, L4-5 and L5-S1. 3) Posterior lateral fusion L3-4, L4-5 and L5-S1. 4) left posterior autogenous iliac crest bone grafting for spinal surgery 5) removal of pedicle screws on the left at L4 and L5 with replacement of the left S1 pedicle screw. 12/11/01 7) post laminectomy syndrome, lumbar facet syndrome, multiple spinal nerve root neuritis, degenerative disc disease 04/22/05.

The claimant had a long history of low back symptomatology. She underwent a lumbar laminectomy in 1987. On 04/13/99 she underwent a microdiscectomy; redo microdiscectomy of the left L4-5 and L5-S1. On 08/01/00 she underwent an anterior lumbar interbody fusion with autologous bone L3-4, L4-5 and L5-S1, placement of structural machined interbody devices in the form of machine fibula ring L3-4, L4-5 and L5-S1, posterior redo hemilaminectomy, medial facetectomy, foraminotomy and disc explorations L4-5, L5-S1 with redo discectomy left L4-5, harvest of autologous bone right iliac crest, posterolateral fusion L3-4, L4-5 and L5-S1, and placement of pedicular fixation L3 to sacrum. On 12/11/01 she underwent a redo left sided decompression, posterior segmental spinal instrumentation at L3-4, L4-5 and L5-S1, posterior lateral fusion L3-4, L4-5 and L5-S1, left posterior autogenous iliac crest bone grafting for spinal surgery, and removal of pedicle screws on the left at L4 and L5 with replacement of the left S1 pedicle screw. The claimant had lumbar facet joint nerve injections of L1, 2, 3, 4, 5 and S1 bilaterally on 05/30/03. Timothy Marcyes, PA, evaluated the claimant on 04/22/05 in follow-up for low back pain radiating into the lower extremities, left worse than right. He was doing better, and the medications were alleviating the majority of his pain. It was noted that he had received multiple lumbar facet injections and rhizotomies without resolution of symptoms. The examination revealed tenderness to palpation over the lumbar paraspinal muscles and lumbar facet joints, pain with limited lumbar motion. Sitting straight leg was negative, and cross straight leg raise was negative. The sacroiliac joints appeared to be non-tender without any pain on palpation of the angle between the posterior iliac wing and the sacrum, and without any

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pseudodermatomal radiation or radiculopathy into the hip or lower extremity. Gaenslen and Newton's were negative, reflexes were two plus, symmetrical and equal in all extremities, motor responses were 4/5 in the left lower extremity, and 5/5 in the right lower extremity, and normal sensory examination. He also seemed depressed. Diagnoses included post laminectomy syndrome, lumbar facet syndrome, multiple spinal nerve root neuritis and degenerative disc disease. He was to continue the Duragesic patches and other medications, as well as Lortab. Mr. Marcyes evaluated the claimant again on 09/16/05, stating that the medications were no longer alleviating the pain since they had been decreased. It was noted that he had received multiple lumbar facet injections and rhizotomies with significant relief of pain, with range of motion and improved function. The examination was unchanged. Duragesic was increased and lumbar facet joint nerve block at L1-S1 bilaterally, and consideration for rhizotomies was recommended. The blocks were denied by two prior reviews dated 09/26/05 and 10/10/05. Dr. Daneshfar authored a letter of appeal on 10/17/05, stating that Dr. Singleton indicated that the request was not supported as the physical examination did not state pain with range of motion. Dr. Daneshfar indicated that that was a blatant lie and that the request should have been for a medial branch block instead of lumbar facet joint nerve block.

The claimant was evaluated again on 11/18/05, with increased pain over the past few months, and that the medications were alleviating the majority of the pain. The examination revealed mild paraspinal spasms and tenderness to palpation over the lumbar muscles and lumbar facet joints, pain with lumbar flexion at 40 degrees, 25 degrees hyperextension, 25 degrees lateral rotation and lateral bending which exacerbated radiculopathy into the left lower extremity. Sitting straight leg raise was negative; the sacroiliac joints appeared to be non-tender without any pain on palpation of the angle between the posterior iliac wing and the sacrum, and without any pseudodermatomal radiation or radiculopathy into the hip or lower extremity. Reflexes were two plus, symmetrical and equal in all extremities, strength was 4/5 on the left and 5/5 on the right and sensation was grossly within normal limits without any deficits.

This reviewer agreed with the note from Dr. Daneshfar dated 10/17/05. This claimant really was having rhizotomies or medial branch nerve blocks which, in fact, have been proven to be effective, and the claimant did previously have rhizotomies in July 2003, which relieved at least 90 percent of his pain, according to Dr. Daneshfar. Based on this, it was reasonable to repeat the median branch blocks or rhizotomies. The pre-authorization request was for facet blocks and this reviewer agrees that the facet joint blocks were not medically necessary. This type of injection has not been proven to be effective from the standpoint of therapeutic intervention, and they are typically used only from a diagnostic standpoint to determine whether or not the patient would benefit from rhizotomies. Having said that, the rhizotomies with an outpatient stay as requested by Dr. Daneshfar, in his appeal letter dated 10/17/05, would be reasonable and medically necessary. In review of documentation there appeared to have been an error made that the request was for lumbar facet joint blocks instead of a medial branch nerve block or rhizotomy. The anatomy is quite similar and the areas are in the same place. This claimant clearly would not need facet joint blocks. His facet joints have been obliterated by virtue of his previous fusion surgery. However, the rhizotomy would be a reasonable approach to controlling this claimant's pain and allowing him to increase his activities of daily living.

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Criteria/Guidelines utilized: TDI/DWC rules and regulations.
Interventional Pain Management, Second Edition, By Steven D. Waldman, M.D.

AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 23, page 207.

ACOEM Guidelines, 2nd Edition, Chapter 12.

Physician Reviewers Specialty: Orthopedics

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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