CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0382-01
Social Security #:
Treating Provider: Richard Lane, DO
Review: Chart
State: TX
Date Completed: 1/6/06

Review Data:

- **Notification of IRO Assignment dated 11/23/05, 1 page.**
- **Receipt of Request dated 11/23/05, 1 page.**
- **Medical Dispute Resolution Request dated 11/14/05, 11/7/05, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Reconsideration Letter dated 9/27/05, 2 pages.**
- **Denial Letter dated 8/25/05, 4 pages.**
- **Prescription dated 11/18/05, 9/23/05, 9/9/05, 7/1/05, 6/26/05, 6/7/05, 5/23/05, 5/18/05, 4/25/05, 4/18/05, 4/11/05, 3/23/05, 3/18/05, 3/1/05, 2/28/05, 1/31/05, 1/21/05, 12/21/04, 12/13/04, 12/1/04, 11/15/04, 11/12/04, 10/28/04, 10/18/04, 9/22/04, 9/17/04, 9/3/04, 8/17/04, 8/2/04, 7/16/04, 6/20/04, 6/18/04, 6/16/04, 6/17/04, 6/16/04, 35 pages.**
- **Office Visit dated 11/18/05, 11/4/05, 10/21/05, 10/7/05, 9/22/05, 9/9/05, 8/26/05, 8/25/05, 8/12/05, 7/29/05, 7/1/05, 6/20/05, 6/7/05, 5/23/05, 5/9/05, 4/25/05, 3/28/05, 3/14/05, 2/28/05, 2/14/05, 1/31/05, 1/17/05, 9/15/04, 9/8/04, 43 pages.**
- **Initial Medical Consultation Cheat Sheet dated 8/22/05, 1 page.**
- **Excuse Slip dated 6/2/05, 5/23/05, 2 pages.**
- **Daily Progress Note dated 11/18/05, 11/17/05, 10/21/05, 10/9/05, 9/23/05, 9/9/05, 8/26/05, 8/22/05, 8/12/05, 7/29/05, 7/15/05, 7/1/05, 6/20/05, 6/7/05, 5/23/05, 5/9/05, 4/25/05, 4/11/05, 3/28/05, 3/14/05, 2/28/05, 2/14/05, 1/31/05, 1/20/05, 1/20/05, 1/17/05, 12/13/04, 12/1/04, 11/18/04, 11/15/04, 11/1/04, 10/25/04, 10/22/04, 10/20/04, 10/18/04, 10/15/04, 10/11/04, 10/13/04, 10/8/04, 10/4/04, 10/1/04, 9/29/04, 9/27/04, 9/24/04, 9/22/04, 9/20/04, 9/17/04, 9/15/04, 9/13/04, 9/10/04, 9/8/04, 9/2/04, 8/30/04, 8/27/04, 8/25/04, 8/23/04, 8/20/04, 8/18/04, 8/17/04, 8/13/04, 8/10/04, 8/9/04, 8/5/04, 8/4/04, 8/2/04, 7/29/04, 7/28/04, 7/27/04, 7/23/04, 7/19/04, 7/16/04, 7/14/04, 7/12/04, 7/9/04, 7/5/04, 7/2/04, 6/30/04, 6/28/04, 6/25/04, 6/23/04, 6/22/04, 6/21/04, 6/18/04, 6/17/04, 6/16/04, 6/15/04, 6/14/04, 6/11/04, 6/9/04, 6/8/04, 6/7/04, 6/4/04, 6/3/04, 5/3/04, 2/25/04, 2/23/04, 96 pages.**

CORPORATE OFFICE
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- **Impairment Report dated 8/25/05, 5 pages.**
- **Range of Motion Examination dated 8/22/05, 7/28/04, 6/4/04, 24 pages.**
- **Physical Therapy Evaluation and Treatment Plan dated 10/18/04, 1 page.**
- **Physical Therapy Evaluation dated 9/3/04, 8/2/04, 2 pages.**
- **Physical Therapy Plan of Care dated 9/3/04, 8/2/04, 2 pages.**
- **Lumbar Spine X-ray dated 6/4/04, 2 pages.**
- **Lumbar Spine Ultrasound dated 8/19/04, 7/20/04, 2 pages.**
- **Lumbar Spine MRI dated 6/23/04, 2 pages.**
- **Left Knee MRI dated 7/7/04, 1 page.**
- **Bilateral Hip MRI dated 6/23/04, 1 page.**
- **Pelvis MRI dated 9/23/03, 2 pages.**
- **Electro-diagnostic Studies dated 7/9/04, 6 pages.**
- **EMG and Nerve Conduction Studies dated 10/22/03, 1 page.**
- **Orthopedic Clinic Note dated 6/6/05, 3 pages.**
- **Examination dated 7/26/05, 6/30/05, 12/13/04, 12/1/04, 11/15/04, 11/1/04, 10/18/04, 9/20/04, 10/4/04, 9/3/04, 8/19/04, 8/6/04, 7/30/04, 7/22/04, 7/8/04, 2/23/04, 7/2/04, 6/25/04, 6/18/04, 6/3/04, 20 pages.**
- **Appointment Letter dated 6/21/05, 1 page.**
- **Behavioral Medicine Evaluation dated 11/18/05, 5 pages.**
- **Medical Evaluation Report dated 9/28/05, 2 pages.**
- **History and Physical Examination dated 9/28/05, 5 pages.**
- **Pain Management Fee Sheet dated 1/31/05, 1/17/05, 12/13/04, 12/1/04, 2/25/04, 5 pages.**
- **Psychology Progress Note dated 1/31/05, 1/17/05, 12/13/04, 9 pages.**
- **Required Medical Examination dated 11/13/03, 5 pages.**
- **Functional Capacity Evaluation dated 11/10/03, 24 pages.**
- **Return to Work Status dated 12/4/03, 2 pages.**
- **Daily Notes dated 1/21/04, 10/29/03, 10/15/03, 9/24/03, 2 pages.**
- **Chart Note dated 11/24/04, 8/17/04, 1/22/04, 12/29/03, 9 pages.**
- **Referral dated 2/11/04, 1 page.**
- **Email dated 6/3/04, 1 page.**
- **Employee's Request to Change Treating Doctor's (date unspecified), 2 pages.**
- **Information for Request to Change Treating Doctor's (date unspecified), 1 page.**
- **New Patient Information (date unspecified), 1 page.**
- **Request dated 12/31/03, 12/11/03, 2 pages.**
- **Patient Back to Work Status dated 12/31/03, 2 pages.**
- **Fax Cover Sheet dated 8/30/04, 1 page.**
- **Operative Report dated 9/15/04, 1 page.**
- **Orthopedic Surgery Consultation Report dated 11/10/04, 4 pages.**
- **Evaluation dated 6/21/04, 2 pages.**
- **Letter from Risk Management dated 12/31/03, 1 page.**

- **Request for Preauthorization of a 6 Week Chronic Pain Management Program dated 2/25/04, 2 pages.**
- **Invoice dated 11/28/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for anterior posterior interbody diskectomy, decompression and fusion, with instrumentation at L5-S1.

Determination: REVERSED - the previously denied request for anterior posterior interbody diskectomy, decompression and fusion, with instrumentation at L5-S1.

Rationale:

Patient's age: 53 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: 600 pound electrical cabinet fell on him.

Diagnoses: L5-S1 degenerative disc disease, Grade I spondylolisthesis, bilateral pars defect, herniated nucleus pulposus, radiculopathy, bilateral SI strain due to compression type force on pelvis, pubic rami fracture, with anterior left off set/diastasis, Left knee medial meniscus tear (MMT), internal derangement.

The claimant sustained a displaced pubic rami fracture and left knee medial meniscus tear. He noted complaints of low back pain with bilateral, right greater than left, lower extremity pain, numbness, and weakness. The pubic rami fracture healed with anterior diastasis, and ongoing complaints of bilateral sacroiliac and hip pain were noted. The claimant had been unable to return to a full weight bearing status and continued to require the use of a cane. Lumbar MRI evaluations have identified L5-S1 moderate to severe degenerative disc disease, Grade I spondylolisthesis, bilateral pars defects, and disc herniation. Physical examination demonstrated bilateral extensor hallucis longus weakness, bilateral absence of ankle reflex, and decreased sensation in the right lower extremity. The claimant had treated with extensive physical therapy modalities, medications including long term use of narcotics, epidural steroid injections, sacroiliac joint injections, lumbar support, ambulatory assistive devices, biofeedback, and activity modification. He was treated for depression. He was determined to be at maximum medical improvement with a 26 percent impairment on 08/11/05. L5-S1 anterior and posterior instrumented fusion has been recommended. This reviewer would recommend approval of the proposed anterior and posterior interbody decompression and fusion with instrumentation at L5-S1 as being medically necessary. This claimant did have evidence of grade I spondylolisthesis with some instability. The claimant also had objective findings of significant weakness in his lower extremities, with absent bilateral ankle jerks, weakness of extensor hallucis longus and decreased sensation on the right. He had failed appropriate conservative treatment with decreased space on the right sacroiliac joint and also significant stenosis of the lumbar spine. It

appears to be reasonable that this claimant have a lumbar decompression and fusion, based on his persistent radicular pain complaints, the fact that he had failed to respond to conservative treatment and also the presence of the S1 spondylolisthesis, which is presumptive evidence of spinal instability.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
AAOS, Orthopaedic Knowledge Update, Spine 2; Chapter 35, page 335.

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.