



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR#: M2-06-0389-01
Social Security #: _____
Treating Provider: Thomas Cartwright, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/29/05, 1 page.
- Receipt of Medical Dispute Resolution Request dated 11/29/05, 1 page.
- Medical Dispute Resolution Request/Response dated 11/14/05, 2 pages.
- Table of Disputed Services Form, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Receipt of Medical Dispute Resolution Request dated 10/5/05, 1 page.
- Letter dated 12/9/05, 1 page.
- Peer Reviewer Report dated 10/3/05, 2 pages.
- Texas UR-Adverse Determination Notifications dated 10/5/05, 9/20/05, 2 pages.
- Peer Reviewer Report dated 9/20/05, 2 pages.
- Chart Documents dated 11/17/05, 10/6/05, 8/18/05, 7/7/05, 6/27/05, 6/2/05, 5/9/05, 4/1/05, 2/7/05, 30 pages.
- Initial Report dated 1/6/05, 2 pages.
- Lumbar Discogram dated 6/23/05, 3 pages.
- Fax Cover Sheet dated 12/9/05, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied 2-level artificial disc replacement at L4-5, L5-S1.

Determination: **UPHELD** - previously denied 2-level artificial disc replacement at L4-5, L5-S1.

Rationale:

Patient's age: 52 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Lifting at work.

CORPORATE OFFICE
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Diagnoses: History of L4-5 and L5-S1 laminectomy in 1997.
Discogenic pain syndrome.

The claimant treated with Dr. Cartwright for low back and left leg pain following his work injury. It was noted that he had a history of L4-5 and L5-S1 laminectomy in 1997. On the 01/06/05 examination, the claimant had normal motor strength and reflexes and decreased sensation in the left big toe and inside the left foot. Straight leg raise caused low back and left hip pain only. The claimant was treated with medications and physical therapy. On 03/17/05, he underwent a selective nerve root block with 95 percent relief of his left leg and hip pain. At the 04/01/05 visit, the claimant noted increased back pain. A discogram was done on 06/23/05 that was abnormal at L5-S1, with a fairly large degree of extravasation into the epidural compartment, consistent with posterior tear of the annulus. There was partially concordant pain involving the left lower back and left hip, rated at 6/10. Discography was abnormal at L4-5 with only pressure attested to during the injection. The CT scan demonstrated posterior annular tears at both L4-5 and L5-S1. On 06/27/05, Dr. Cartwright noted that surgical treatment options included interbody fusion or artificial disc replacement. The claimant continued to have low back and left leg pain with back pain worse than leg pain. On 08/18/05, the claimant had a positive sitting straight leg raise on the left, strength was 5+/5; there was no evidence for sensory loss, and reflexes were 2+. The physician recommended a two level artificial disc replacement. The disc replacement was denied on peer reviews of 09/20/05 and 10/03/05. The artificial disc replacement is not recommended as medically necessary. This claimant is treating for low back and left leg pain following an injury on 11/29/04. He has two-level degenerative disc disease with positive discography, and the physician has recommended artificial disc replacement. Artificial disc replacement surgery remains investigational, as further study is necessary regarding the long term efficacy of this procedure. Although the body of literature continues to grow regarding these implants, a number of questions remain, particularly, as it pertains to the longevity, as well as deterioration, at the adjacent level. In addition, the claimant had a radicular component to his symptoms, as well as two-level disease, which would place him outside of the recommended criteria. Therefore, based on the lack of long term peer reviewed literature to support this procedure, the artificial disc replacement is not recommended as medically necessary.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

Tropiano P, Huang RC, Girardi FP, Cammisa FP, Marnay T: Lumbar Total Disc Replacement: Seven to Eleven Year Follow-Up. The Journal of Bone and Joint Surgery, Volume 87-A, Number 3, March 2005.

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.

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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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