



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0390-01
Social Security #: _____
Treating Provider: Son Nguyen, M.D.
Review: Chart
State: TX

Review Data:

- **Notification of IRO Assignment dated 12/6/05, 1 page.**
- **Receipt of Request dated 12/6/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 11/10/05, 2 pages.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services, 1 page.**
- **Transmittal of Checks and Records for IRO Review dated 12/20/05, 1 page.**
- **Dispute Letter dated 12/20/05, 2 pages.**
- **Examination Report dated 11/25/05, 2 pages.**
- **Letter dated 11/03/05, 1 page.**
- **Texas Mutual Insurance Company Utilization Review Findings Report dated 10/24/05, 2 pages.**
- **Dispute Letter from Richard Francis, MD dated 10/6/05, 1 page.**
- **Texas Mutual Insurance Company Utilization Review Findings Report dated 9/12/05, 2 pages.**
- **Examination Report (unspecified date), 2 pages.**
- **Examination Report dated 9/01/05, 8/25/05, 2 pages.**
- **Follow-up Visit Letter dated 9/27/04, 1 page.**
- **Independent Medical Evaluation dated 9/15/04, 7 pages.**
- **Letter dated 7/19/04, 1 page.**
- **Radiology Report dated 7/14/04, 2 pages.**
- **Follow-up Visit Note dated 6/14/04, 5/27/04, 5/24/04, 3 pages.**
- **Radiology Report dated 5/24/04, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied C4-5, C5-6, C6-7, C7-T1 cervical discogram with post CT scan.

CORPORATE OFFICE
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Determination: UPHELD - the previously denied C4-5, C5-6, C6-7, C7-T1 cervical discogram with post CT scan.

Rationale:

Patient's age: 40 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Lifting heavy objects.

Diagnoses: Cervical syndrome. Status post C5-6 and C7-T1 spinal disc herniation without compromise of the spinal cord, 05/27/04. Chronic multi-level cervical disc disease, 08/25/05. Cervical radiculopathy, cervical facet syndrome, occipital neuralgia, headaches, insomnia secondary to chronic pain, 11/25/05.

The claimant was noted to have a history of neck problems with an exacerbation on ____, after lifting heavy objects. Discography, done on 07/14/04, produced pain at three levels. The claimant continued to show marked limitation in range of motion however, Dr. Esses, the treating physician, noted the claimant was not a surgical candidate. An Independent Medical Examination (IME) followed on 09/15/04, and noted with the attempted discogram, it did not appear that the dye was satisfactorily injected. A review of the MRI did not suggest a surgical lesion. According to the records, the physician was not convinced that this claimant was a surgical candidate, and recommended an evaluation by a neurologist and psychologist before considering surgery. A follow-up letter dated 09/27/04 from Dr. Esses, also noted that the claimant had multi-level disease that would not respond well to surgery and recommended continued pain management. After a spine evaluation was done on 08/25/05, the claimant's diagnosis was chronic cervical pain with multilevel disc disease. Again, it was noted that the previous discogram was not sufficient to form an opinion. The claimant had failed conservative treatments and a repeat discogram was recommended for further surgical planning. The request for a cervical discogram with CT scan cannot be recommended as being medically necessary. The claimant has already had a previous discogram. She has been determined by several physicians not to be a surgical candidate. There was no documentation that there was evidence of neurologic changes. She had persistent pain complaints, but that is not an adequate indication for surgical intervention. The discogram is a poor predictor of surgical candidates and the value of the results remains controversial. This claimant does not have any independent indication for surgery except pain, which in and of itself, is a poor indicator of surgical success, and there is no evidence that the proposed discogram will change the clinical course in any significant way. Consequently, this reviewer cannot recommend the discogram and post CT scan as being medically necessary.

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

Orthopedic Knowledge Update, 8, Vaccaro, editor p. 529.

ACOEM Guidelines, 2nd Edition, Chapter 8.

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Physician Reviewers Specialty: Orthopedics

Physician Reviewers Qualifications: Texas licensed MD, and is also 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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