



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0448-01
Social Security #: _____
Treating Provider: Jacob Rosenstein, MD
Review: Chart
State: TX
Date Completed: 1/23/06

Review Data:

- **Notification of IRO Assignment dated 12/22/05, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Case Review dated 12/16/05, 3 pages.**
- **Medical Review dated 12/14/05, 3 pages.**
- **Medical Dispute Resolution dated 12/12/05, 3 pages.**
- **Medical Dispute Resolution Request dated 11/23/05, 10/5/05, 2 pages.**
- **Notice of Pre-Authorization dated 11/4/05, 11/1/05, 4 pages.**
- **Medical Conference Note dated 11/3/05, 1 page.**
- **Appeal Letter dated 11/3/05, 3 pages.**
- **Chart Note dated 10/24/05, 1 page.**
- **Follow-up Visit dated 10/24/05, 2 pages.**
- **Lumbar Myelogram and CT scan dated 10/14/05, 2 pages.**
- **Guidelines for the Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine dated 2/10/05, 10 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 2-level lumbar fusion at L4-5 and L5-S1, with a 2-3 day inpatient stay.

Determination: REVERSED - the previously denied request for 2-level lumbar fusion at L4-5 and L5-S1, with a 2-3 day inpatient stay.

Rationale:

Patient's age: 44 years
Gender: Female

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Date of Injury: ____

Mechanism of Injury: Lifting.

Diagnoses: Herniated disc disease L4-5, L5-S1; status post failed back surgery with Residual radiculopathy.

The claimant is a 44-year-old female injured on ____ apparently from lifting. She had low back pain, followed by left leg pain that did not respond to conservative treatment. On 06/25/05, she underwent an L5-S1 microdiscectomy, and did poorly after surgery, in that her leg pain recurred within a short time. Records suggested that she was treated with facet injections and epidural steroid injections (ESI). An MRI of the lumbar spine without contrast was obtained, but the date and the report were not available for this review. On 10/14/05, a lumbar CT myelogram showed that in comparison to the 05/02/05 pre-operative study, there had been an interval bilateral laminectomy at L2, with removal of the previously present extramedullary lesion. This surgery was not related to the injury claim. At L4-5, there were shallow ventral and dorsal extradural defects; the dorsal defect resolved with flexion. There was a 2 millimeter diffuse disc protrusion at L4-5, similar to the previous study, but there was more stenosis due to epidural fat. The L4 and L5 nerve root sleeves showed diminished filling and bilateral facet joint and flaval ligamentous prominence. There was a left disc herniation present at L5-S1 on the previous preoperative study that was larger and more diffuse. It reached the dural sac and impinged on the proximal left S1 nerve root sleeve and extended into the foramen. The L5-S1 disc had narrowed. An interval left laminotomy and partial medial facetectomy was noted and there had been interval progression in facet joint spurring at L5-S1. On a 10/24/05 visit with Dr. Rosenstein, the claimant reported back pain worse than leg pain. The leg pain was on the left posterior and anterior thigh to the foot with associated numbness and tingling. On examination, there was no extension and otherwise limited motion, straight leg raise was positive on the left at 60 degrees, with weakness of the extensor hallucis longus, and dorsiflexion on the left, as well as an absent left ankle reflex. The impression was low back pain, left lumbar radiculopathy, status post left L5-S1 microlumbar discectomy, recurrent L5-S1 disc herniation with foraminal stenosis and L4-5 disc protrusion with epidural lipomatosis resulting in L4-5 stenosis. A two-level fusion was discussed and the claimant opted for this treatment. This request had been denied on several reviews. The physician had asked for reconsideration and resolution of the dispute. It had been opined that there was no clear indication for the L4-5 level fusion and that the claimant may do just as well with a decompression at L5-S1. In addition, it was noted that fusion does not predictably relieve pain or restore functionality. In reviewing the above records, it appeared that the claimant underwent a discectomy at L5-S1, from which she had recurrent back and leg pain. Individuals undergoing a discectomy may have back pain, which, if it does not respond to conservative treatment, may ultimately require an arthrodesis. It appeared that she had failed conservative treatment and has had persistent symptoms. She has had various injections. This reviewer feels that the L5-S1 level needs to be addressed with a fusion. In contemplating the reasons for surgical intervention at L4-5, one could see, based on the reports of the myelogram, that there was poor filling of the nerve roots at this level that would be consistent with stenosis. Certainly, one would not wish to fuse an individual at L5-S1 with stenosis at the above level

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without addressing it, as well. Therefore, this reviewer feels that L4-5 should also be addressed at the time of surgery. An L4-S1 decompression with a concomitant arthrodesis would be appropriate, based on the available medical records. It appeared that she had persistent pain following a L5-S1 discectomy, had failed conservative treatment, and had evidence of stenosis at L4-5. The stenosis at L4-5 requires attention. In light of her back pain, this reviewer does not feel that a simple decompression would be adequate. A two to three day inpatient stay would also be reasonable for this procedure.

Criteria/Guidelines utilized: Campbell's Operative Orthopaedics, 2076-2080.

Milliman Guidelines 9th Edition Lumbar Fusion.

Physician Reviewers Specialty: Orthopedic Surgeon

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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