



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-0580-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Robert James Henderson, M.D.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 2/17/06

### Review Data:

- Legal Letter dated 1/31/06, 2 pages.
- Fax Cover Sheet dated 1/31/06, 1/25/06, 1/24/06, 4 pages.
- Notification of IRO Assignment dated 1/18/06, 1 page.
- Receipt of Request dated 1/18/06, 1 page.
- Medical Dispute Resolution Request/ Response dated 1/10/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Texas Inpatient Reconsideration Decision: Non-Authorized dated 12/21/05, 4 pages.
- Texas Inpatient Non-Authorization Recommendation dated 12/13/05, 2 pages.
- Request for Preauthorization for Surgery dated 11/17/05, 1 page.
- Chart Note dated 11/11/05, 3/28/05, 1/10/05, 7/30/04, 5/3/04, 4/13/04, 2/26/04, 1/16/04, 1/9/04, 9/29/03, 7/1/03, 12 pages.
- Notice of Disputed Issues and Refusal to Pay Benefits dated 5/23/05, 1 page.
- Re-evaluation dated 4/15/05, 7 pages.
- Texas Workers' Compensation Work Status Report (date unspecified), 1 page.
- Consultation dated 3/15/05, 4 pages.
- Plan of Care dated 3/30/04, 2 pages.
- Initial Evaluation dated 3/30/04, 3 pages.
- Operative Report dated 2/11/04, 1/7/04, 2 pages.
- Procedure Report dated 9/2/03, 2 pages.
- Clinic Visit dated 7/3/03, 1 page.
- Office Visits dated 6/11/03, 5/30/03, 5/2/03, 2/6/03, 12/18/02, 11/6/02, 10/2/02, 9/26/02, 9/10/02 11 pages.
- Lumbar CT Scan dated 6/9/03, 3 pages.
- Electrodiagnostic Study dated 5/23/03, 3 pages.
- Procedure Note dated 4/17/03, 1/23/03, 4 pages.
- Lumbar Spine X-ray dated 1/17/03, 1 page.
- Functional Capacity Evaluation Summary dated 1/17/03, 12 pages.

### CORPORATE OFFICE

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- **Independent Medical Evaluation dated 1/17/03, 5 pages.**
- **Therapy Progress Note dated 8/12/02, 2 pages.**
- **Lumbar Spine MRI dated 7/30/02, 1 page.**
- **Letter of Medical Necessity and Medical Review dated 7/22/02, 2 pages.**
- **Initial Medical Review Narrative Report dated 6/18/02, 3 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for total laminectomy at L5, transverse process fusion at L4-5, additional level at L5-S1, bone graft, allograft, bone graft, autograft in situ, bone graft, and autograft iliac crest.

**Determination: UPHeld** – the previous denial of total laminectomy at L5, transverse process fusion at L4-5, additional level at L5-S1, bone graft, allograft, bone graft, autograft in situ, bone graft, and autograft iliac crest.

**Rationale:**

**Patient's age:** 59 years

**Gender:** Female

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** Developed back and leg pain while assembling boxes.

**Diagnoses:**

1. Lumbar sprain.
2. Low back injury with discogenic pain, arthritis left hip, strain of the thoracolumbar junction.
3. Spinal stenosis, radiculopathy, facet arthropathy.

The claimant is a 59-year-old female who reportedly, while working as an assembler on \_\_\_\_, developed low back and leg pain, diagnosed as a lumbar sprain. Initial treatment consisted of medication and chiropractic therapy for functional restoration, without improvement.

An MRI of the lumbar spine, dated 07/30/02, revealed disc bulges at L4-5 and L5-S1, without stenosis or neural foraminal compromise. Dr. Ozanne examined the claimant on 09/10/02, and documented a past medical history of diabetes and hypothyroidism. X-rays revealed multi-level degenerative disc disease at the thoracolumbar junction and lower lumbar spine, and moderate degenerative joint disease of the left hip. The diagnosis was low back injury, with discogenic pain and arthritis of the left hip. A trial of a TENS unit and epidural steroid injections was recommended. The lumbar epidural steroid injections were given on 12/05/02, 01/23/03, and 04/17/03, without lasting benefit of pain relief. Electrodiagnostic testing, dated 05/23/03, showed evidence consistent with left lumbar radiculitis and neuropathy of the distal left peroneal nerve. A lumbar myelogram, dated 06/09/03, was unremarkable without clear evidence for radicular pain. The CT scan showed degenerative changes at L4-5 and L5-S1. Dr. Ozanne diagnosed the claimant with facet joint enlargement and arthritic changes at L4-5 and L5-S1, without impingement and requested a second opinion.

Dr. Henderson examined the claimant on 07/01/03, and recommended a caudal injection. A repeat myelogram, dated 09/02/03, showed mild degenerative disc disease at L4-5. The post myelogram CT scan showed disc bulges at L4-5, and L5-S1 with no impingement. A caudal injection was given on 01/07/04. Dr. Henderson noted improvement in pain and the ability to

externally rotate the leg further. On 01/16/04, Dr. Henderson prescribed a repeat caudal injection, smoking cessation, weight loss and retraining on body mechanics. On 07/30/04, Dr. Henderson recommended lumbar decompression by total laminectomy at L5, and a transverse process fusion of L4-S1, bilaterally, with autogenous bone.

Dr. Battle evaluated the claimant on 03/15/05, and documented that she was taking Mobic, Ambien and Ranitidine. Examination documented hypesthetic region in the L5 distribution on the left leg. After reviewing the claimant's diagnostic studies, Dr. Battle determined that the claimant was not a surgical candidate, and recommended a chronic pain management program. Dr. Henderson recommended the proposed surgery because the claimant was limited in activity due to pain, and she has a good prognosis for recovery after surgery. This reviewer cannot recommend the proposed total laminectomy with fusion at L4-5 and L5-S1, as being medically necessary. The claimant had evidence of discogenic pain but no evidence of radiculopathy. She did not have any evidence of neurologic compromise. She had ongoing pain complaints that are age related and related to discogenic disease, but there was no evidence that laminectomy, laminotomy or fusion will improve her condition in any significant way. There was no significant neurocompression on studies.

According to the ACOEM Guidelines, discectomy and fusion are not indicated for discogenic pain because there is no evidence that they will lead to any significant improvement, and they have not been proven to be effective for discogenic pain. There is no evidence that the proposed surgery will lead to any improvement in this claimant's condition. Consequently, this reviewer cannot recommend it as being medically necessary.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12, pg 307.

**Physician Reviewers Specialty:** Orthopedic

**Physician Reviewers Qualifications:** Texas Licensed M.D., 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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