



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0665-01
Social Security #: _____
Treating Provider: Frank Gonzalez, DC
Review: Chart
State: TX
Date Completed: 2/23/06

Review Data:

- Authorization Request 2/6/06, 1 page.
- Email Cover Page dated 3/28/05, 1 page.
- Notification of IRO Assignment dated 1/27/06, 1 page.
- Independent Review Organization dated 1/27/06, 1 page
- Medical Dispute Resolution Request / Response dated 1/4/06, 2 pages.
- Denial Note dated 1/3/06, 1 page.
- Chart Note dated 12/20/05, 11/7/05, 2 pages.
- Review Determination dated 12/20/05, 12/8/05, 2 pages.
- Request for Preauthorization for Surgery dated 11/30/05, 2 pages.
- List of Treatment Provider dated (unspecified), 2 pages.
- Interventional Pain Management dated 11/11/05, 10/11/05, 9/20/05, 9/13/05, 8/10/05, 8/3/05, 7/27/05, 7/20/05, 7/6/05, 6/29/05, 11 pages.
- Functional Capacity Evaluation dated 10/26/05, 7/28/05, 5/10/05, 33 pages
- Lumbar Range of Motion dated 10/26/05, 3 pages.
- Texas Workers Compensation Work Status Report dated 8/17/05, 2/24/05, 1/27/05, 11/29/04, 11/15/04, 11/5/05, 10/29/04, 10/21/05, 11/16/04, dated (unspecified), 10 pages.
- SOAP Note dated 10/26/05, 10/4/05, 10/6/05, 9/23/05, 9/14/05, 9/2/05, 8/31/05, 8/10/05, 8/2/05, 7/28/05, 7/15/05, 7/5/05, 7/1/05, 6/29/05, 6/16/05, 6/2/05, 5/31/05, 5/27/05, 5/6/05, 5/5/05, 1/27/05, 1/6/05, 11/29/04, 11/22/04, 11/5/04, 10/29/04, 26 pages.
- Gonzales Chiropractor Rehabilitation dated 10/6/05, 10/4/05, 9/26/05, 9/23/05, 9/14/05, 9/2/05, 8/31/05, 8/10/05, 8/2/05, 7/29/05, 7/5/05, 6/29/05, 6/16/05, 6/3/05, 5/27/05, 5/16/05, 16 pages.
- EMG Nerve Conduction Study Report dated 8/11/05, 2 pages.
- Computerized Spinal Range of Motion Examination dated 7/28/05, 7 pages.
- Texas Back Institute dated 3/16/05, 1 page.
- Job Duties Questionnaire dated 8/17/05 missing page 1, 1 page.

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- **Initial Chart Note dated 9/12/05, 2 pages.**
- **Record Report dated 5/31/05, 4 pages.**
- **Progress Note dated 2/23/05, 1 page.**
- **History and Physical Examination dated 1/26/05, 2 pages.**
- **Article dated (unspecified), 14 pages.**
- **Lumbosacral Spine X-Ray dated 11/15/04, 1 page.**
- **Emergency Department Nurses Notes dated 11/15/04, 3 pages.**
- **Emergency Department Physician's Report dated 11/15/04, 3 pages.**
- **Employer's First Report of Injury or Illness dated 10/13/04, 1 page.**
- **X-Ray Report dated 10/21/04, page 1.**
- **Examination Note dated 11/5/04, 1 page.**
- **Independent Review Organization Summary dated 2/2/06, 2 pages.**
- **Fax Cover Sheet dated 12/12/05, 3 pages**
- **Request for Receipt dated 1/10/06, 1 page.**
- **Initial Report dated 5/5/05, 2 pages.**
- **MRI of the Lumbar Spine dated 11/22/04, 2 pages.**
- **Initial Chart Note dated 9/12/05, 2 pages.**
- **Electromyogram and Nerve Conduction Velocity Study Report dated 8/11/05, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

- 1) Anterior interbody fusion at L5-S1.
- 2) Retroperitoneal exposure and discectomy at L5-S1.
- 3) Anterior interbody fixation at L5-S1.
- 4) Posterior decompression at L5-S1.
- 5) Transverse process fusion at L5-S1.
- 6) Posterior internal fixation.
- 7) Bone graft, allograft.
- 8) Bone graft, autograft in situ.
- 9) Bone graft, autograft, iliac crest.
- 10) Bone marrow aspirate.

Determination: REVERSED - the previously denied request for:

- 1) Anterior interbody fusion at L5-S1.
- 2) Retroperitoneal exposure and discectomy at L5-S1.
- 3) Anterior interbody fixation at L5-S1.
- 4) Posterior decompression at L5-S1.
- 5) Transverse process fusion at L5-S1.
- 6) Posterior internal fixation.
- 7) Bone graft, allograft.
- 8) Bone graft, autograft in situ.
- 9) Bone graft, autograft, iliac crest.
- 10) Bone marrow aspirate.

Rationale:

Patient's age: 36 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Lifted a 40-pound box of chicken strips, injuring her lower back.

Diagnoses: Initial diagnosis: Lumbar sprain.

Lumbago.

Status post degenerative disc disease at L5- S1 in a transitional segment, 1/26/05. No evidence of nerve root compression, central canal stenosis or neural foraminal stenosis on X-ray or MRI studies.

Status post lumbalgia secondary to spondylolisthesis and right L5 radiculopathy, 7/25/05; possible internal disk disruption.

Status post spondylosis and Pars defect at L5- S1, 9/12/05; rule out discogenic pain.

Status post lumbalgia, 9/20/05, secondary to mechanical low back pain with resolved radiculopathy secondary to probable internal disk disruption at L5- S1, with bilateral SI joint and lower lumbar facet joint arthropathy; spondylolisthesis of L5- over S1.

This patient developed low back pain after lifting a heavy box. The initial diagnosis was lumbar sprain, and the claimant was treated conservatively with medications and physical therapy. The lower lumbar pain persisted, and an MRI was done on 11/22/04, that showed degenerative disc disease involving L5- S1, with no evidence of disc herniation and no evidence of spinal stenosis. A 01/26/05 spine evaluation, noted that the claimant complained of debilitating low back pain with bilateral lower extremity numbness. Continued medication and physical therapy was recommended. A follow-up physician visit, dated 02/23/05, noted the claimant with minor overall improvement. Epidural steroid injections and a discogram were recommended. The claimant's low back pain persisted, and the treating physician's impression on 06/29/05, was lumbalgia secondary to mechanical low back pain, suggestive of possible internal disc disruption, spondylolisthesis of S1 with respect to L5, but no evidence of nerve tension findings despite the intermittent complaint of pain in the lower extremities. The claimant was referred to pain management and chiropractic treatments were continued. The claimant underwent epidural steroid injections on 07/20/05 and 08/03/05, with some relief. An electromyogram (EMG) followed on 08/11/05, which was reported as normal. An evaluation by Dr. Henderson on 09/12/05, revealed that the claimant had resolved leg pain and continued with back pain after two epidural steroid injections. The claimant was attending therapy/chiropractic treatments on a weekly basis. An X-ray taken at this visit, showed a Grade I spondylolisthesis and possible a pars defect. It was noted that the claimant was one year post injury, without improvement and was unresponsive to the epidural steroid injections and therefore, a discogram was recommended. The discogram was denied and the claimant remained off work while treatment was continued, which included pain management, medication and therapy. A functional capacity evaluation (FCE) during this time, dated 10/26/05, classified the claimant as being able to work at a sedentary physical demand level. On 11/07/05, Dr. Henderson recommended surgery in the form of a lumbar discectomy and interbody fusion. A physician visit, dated 11/11/05, noted that the claimant had returned to work light duty with continued complaints of midline low back pain. However, the claimant reported approximately 75 percent improvement in overall physical functioning. The diagnosis remained unchanged as lumbalgia, secondary to mechanical lumbar

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back pain (LBP), with possible internal disk disruption at L5- S1, without radiculopathy and spondylolisthesis of L5 over S1. Dr. Henderson did note, on 12/20/05, that there was 5 millimeters of motion on flexion and extension films. It was noted in the records that this claimant carried a diagnosis of morbid obesity. In this case, it is pertinent that the initial records do not indicate a grade I spondylolisthesis and this was not noted until 09/12/05. At this time, the claimant is nearly one year after her injury. The initial visits, including an MRI in November 2004, and a spine evaluation in January 2005, did not document spondylolisthesis at that time. The claimant treated with exercises, anti-inflammatory medications and epidural steroid injections, without relief of her discomfort. She continued to experience lower back pain and had evidence of instability on examination. Based upon the records reviewed, the fusion of L5-S1 would be medically necessary. The claimant's morbid obesity and underlying degenerative changes have also contributed to her current condition. Generally, a fusion would not be warranted in the absence of instability but the diagnostic studies indicate that the claimant developed instability and, therefore, a fusion would be recommended.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapter 12, p. 305-307
Official Disability Guidelines Fourth Edition 2006, p. 808, 814-816

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Texas Licensed M.D. in Orthopedics, and is currently 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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