CompPartners Final Report

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

Claimant Name: ___
Texas IRO #: ___
MDR #: M2-06-0691-01
Social Security #: ___
Treating Provider: Kenneth Berliner, MD
Review: Chart
State: TX
Date Completed: 3/30/06

Review Data:

- **Notification of IRO Assignment dated 2/10/06, 1 page.**
- **Receipt of Request dated 2/10/06, 1/24/06, 2 pages.**
- **Medical Dispute Resolution Request/Response dated 1/18/06, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Review of Health Care Services dated 12/16/05, 11/28/05, 5 pages.**
- **Cover Sheet dated 12/20/05, 12/16/05, 12/14/05, 4/19/05, 4 pages.**
- **Article Regarding Orthopaedic Knowledge Update (Lumbar Discogenic Pain and Instability) (date unspecified), 7 pages.**
- **Operative Report dated 4/21/04, 3/24/04, 3/8/04, 11/7/03, 12 pages.**
- **Patient Update dated 11/29/05, 1 page.**
- **Range of Motion Examination dated 11/9/05, 6/8/05, 5 pages.**
- **Article Regarding Orthopaedic Knowledge Update (Pain Imaging: Discography) (date unspecified), 5 pages.**
- **Fax Cover Sheet dated 8/30/05, 5/20/05, 4/19/05, 3/25/05, 3/14/05, 2/17/05, 11/15/04, 10/13/03, 9 pages.**
- **EMG/NCV of Lower Extremities dated 12/14/04, 6/3/03, 3 pages.**
- **Lumbar Spine MRI dated 8/27/04, 2/19/03, 4 pages.**
- **EMG Request Sheet (date unspecified), 1 page.**
- **Orthopedic Report dated 2/2/06, 11/9/05, 8/31/05, 7/8/05, 2/2/05, 10 pages.**
- **Review of Medical Records dated 1/17/06, 5/4/05, 6 pages.**
- **Letter of Medical Necessity for Prescription Pain Relievers dated 1/5/06, 2 pages.**
- **Legal Documents dated 11/3/05, 6/24/05, 9 pages.**
- **Letter Regarding an Administrative Hearing dated 9/2/05, 7/21/05, 2 pages.**
- **Request to Reset Hearing dated 7/6/05, 1 page.**
- **Case Review dated 5/31/05, 1 page.**
- **Notice of Independent Review Decision dated 5/20/05, 3 pages.**
- **Memorandum dated 5/12/05, 4/4/05, 2 pages.**
- **Order for Payment of Independent Review Organization Fee dated 5/12/05, 1 page.**
- **Report of Medical Evaluation dated 3/4/05, 3/2/05, 1/11/05, 9/4/03, 6 pages.**

- **Review of Medical History and Physical Examination dated 1/11/05, 3 pages.**
- **Release Letter dated 12/10/04, 1 page.**
- **History and Physical Examination dated 11/10/04, 9 pages.**
- **Orthopedic Consultation dated 6/22/04, 10/20/03, 5 pages.**
- **Follow-up Note dated 10/14/04, 9/16/04, 7/26/04, 7/12/04, 6/21/04, 5/13/04, 4/26/04, 2/19/04, 1/26/04, 1/5/04, 12/18/03, 11/3/03, 10/16/03, 23 pages.**
- **Initial Comprehensive Evaluation Note dated 3/6/03, 4 pages.**
- **Employer's First Report of Injury or Illness dated 2/5/03, 1 page.**
- **Statement for Services Final Invoice dated 1/17/06, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 11/10/04, 6/27/03, 4/30/03, 3/7/03, 4 pages.**
- **Letter from Barnes Law Firm dated 9/16/05, 1 page.**
- **Letter of Dispute dated 3/21/05, 2 pages.**
- **Request for Reconsideration dated 7/13/04, 1 page.**
- **Invoice dated 5/24/04, 4/26/04, 2 pages.**
- **Letter of Medical Necessity dated 5/24/04, 4/20/04, 2 pages.**
- **Request for Reconsideration Additional Payment dated 7/13/04, 6/8/04, 3 pages.**
- **Notice of Maximum Medical Improvement/ First Impairment Income Benefit Payment dated 3/15/05, 1 page.**
- **Examination dated 11/10/04, 9 pages**
- **Physician Posting Sheet dated 12/7/04, 1 page.**
- **Functional Abilities Evaluation dated 11/10/04, 13 pages.**
- **Statement of Medical Necessity dated 3/15/04, 1 page.**
- **Prescription dated 5/10/04, 1 page.**
- **Follow-up Assessment (date unspecified), 1 page.**
- **Follow-up Report dated 3/18/04, 2/4/04, 5 pages.**
- **Initial Evaluation dated 2/9/04, 12/22/03, 12/16/03, 12/1/03, 9 pages.**
- **Daily Treatment Note dated 11/7/04, 5/10/04, 5/6/04, 2/26/04, 2/19/04, 2/10/04, 2/6/04, 1/29/04, 1/27/04, 1/26/04, 1/4/04, 12/31/03, 12/30/03, 12/29/03, 12/19/03, 12/18/03, 12/16/03, 1/8/03, 18 pages.**
- **Progress Report dated 8/6/03, 7/11/03, 6 pages.**
- **Notification Letter dated 7/10/03, 1 page.**
- **Therapeutic Exercise Program dated 7/31/03, 7/28/03, 7/1/03, 3 pages.**
- **SOAP Notes dated 8/7/03, 8/6/03, 8/4/03, 8/1/03, 7/31/03, 7/28/03, 7/25/03, 7/17/03, 7/11/03, 1/9/03, 7/8/03, 7/3/03, 7/1/03, 6/30/03, 6/27/03, 6/20/03, 6/17/03, 14 pages.**
- **Follow-up Notes dated 3/15/04, 2/19/04, 1/26/04, 9/15/03, 8/18/03, 4/3/03, 14 pages.**
- **Range of Motion Examination dated 2/24/04, 12 pages.**
- **Lumbar Spine X-ray dated 2/9/04, 1 page.**
- **Case Summary dated 2/4/04, 3 pages.**
- **Designated Doctor Evaluation dated 9/4/03, 6 pages.**
- **Assessment/Physical Examination dated 6/12/03, 5 pages.**
- **Lumbar Epidural Steroid Injection dated 7/31/03, 7/10/03, 4 pages.**
- **Medical Examination dated 4/7/03, 1 page.**
- **Prescription for Functional Capacity Evaluation (date unspecified), 1 page.**
- **Functional Capacity Evaluation dated 3/22/03, 12 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for laminectomy right L5-S1, PLF L5-S1, pedicle screws, discectomy, ALIF L5-S1, cage and bone graft.

Determination: UPHELD - previously denied request for laminectomy right L5-S1, PLF L5-S1, pedicle screws, discectomy, ALIF L5-S1, cage and bone graft.

Rationale:

Patient's age: 43 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Lifting and twisting injury.
Diagnoses: Failed lumbar laminectomy.
Lumbar degenerative disc disease.

The clamant is a 43-year-old male who sustained a lifting and twisting low back injury on ___. He noted associated right lower extremity pain. An MRI evaluation done on 02/19/03, noted L5-S1 disc herniation, with annular tears and degenerative changes at L4-5 and L5-S1. The claimant is a smoker. Electrodiagnostic studies performed on 03/06/03 indicated right S1 radiculopathy. He was treated conservatively with medications, chiropractic care, physical modalities, activity modification and epidural steroid injections. Repeat electrical studies from 10/13/03, demonstrated right L5-S1 nerve root irritation. The claimant underwent bilateral L5-S1 laminectomies and discectomy on 11/07/03. He was treated with postoperative physical therapy and medications. He noted an initial improvement in his radicular pain, without complete resolution. He noted recurrent radicular pain, with some urinary symptoms. Radiographs from 02/09/04, demonstrated progressive healing. No motion was noted on flexion and extension films. He was treated with additional epidural steroid injections. He was diagnosed with failed laminectomy syndrome. A repeat MRI study from 08/27/04, noted degenerative changes at L4-5 and L5-S1, with possible disc fragment at L5-S1. Electrodiagnostic studies done on 12/14/04 identified L5-S1 radiculopathy. Recommendation was made for lumbar fusion with a request for discogram evaluation to determine if there was significant L4-5 involvement. The discogram was denied. Recommendation has been made for L5-S1 fusion. The claimant had continued the use of medications. He had multiple indications throughout the records that he had failed laminectomy syndrome, with ongoing persistent back pain and some component of leg pain. The claimant has not had any studies that showed significant instability that would require a fusion, and based on the information provided this reviewer cannot recommend a further laminectomy and fusion as being medically necessary for this claimant. There was no evidence that the laminectomy will change his condition in any significant way. The claimant had extensive scarring from his previous laminectomy and this is not likely to be improved with a further decompression. Again, in review of the multiple records that were sent, there was no evidence that this claimant had any instability that would warrant a fusion. He had extensive degenerative changes of his lumbar spine along with the scarring from his previous laminectomy. While this is unfortunate and the claimant is significantly limited in his activities, it is not likely that further surgery will lead to any significant improvement for this claimant's condition, and in fact, it is likely to give him further difficulty with further scarring of the nerve roots. Consequently, based on the information provided for review, this reviewer cannot recommend the proposed decompression and fusion as being medically necessary.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
AAOS Orthopaedic Knowledge Update, Spine 2; Chapter 35, page 336.

Physician Reviewers Specialty: Orthopedic Surgery

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.

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.