



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO #:** \_\_\_\_\_  
**MDR #:** M2-06-0846-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** William Donovan, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 4/10/06

### **Review Data:**

- **Notification of IRO Assignment dated 3/2/06, 1 page.**
- **Receipt of Request dated 3/2/06, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/13/06, 2 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Case Review dated 1/25/06, 1/5/06, 7/5/05, 5/23/05, 18 pages.**
- **Request for Preauthorization for Surgery dated 1/4/06, 1 page.**
- **Initial Chart Note dated 11/2/05, 2 pages.**
- **Lumbar Discogram dated 10/13/05, 1 page.**
- **Cervical Spine MRI dated 5/16/05, 2 pages.**
- **EMG/NCV of the Lower Extremities dated 7/15/05, 7/13/05, 5 pages.**
- **Lumbar Epidural Steroid Injection dated 9/19/05, 1 page.**
- **Cervical Epidural Steroid Injection dated 9/19/05, 1 page.**
- **Notification of Appeal Outcome dated 1/18/06, 2 pages.**
- **Fax Cover Sheet dated 1/18/06, 11/11/05, 11/3/05, 9/14/05, 8/8/05, 6/22/05, 6 pages.**
- **Examination dated 10/26/05, 8 pages.**
- **Texas Workers' Compensation Work Status Reports dated 1/17/06, 12/20/05, 12/15/05, 11/2/05, 10/5/05, 9/12/05, 5/28/05, 5/26/05, 4/18/05, 3/28/05, (date unspecified), 11 pages.**
- **Report of Medical Evaluation dated 10/26/05, 1 page.**
- **Pre-authorization Request for Psychologist Evaluation/Treatment dated 11/11/05, 8/3/05, 6/22/05, 3 pages.**
- **Confidential Progress Report dated 11/7/05, 8/3/05, 6 pages.**
- **Required Medical Examination Notice dated 5/19/05, 2 pages.**
- **Letter to Designate a Treating Provider dated 10/12/05, 1 page.**
- **Orthopedic Consultation dated 9/13/05, 3 pages.**
- **Treatment Recommendation dated 9/19/05, 6/24/05, 2 pages.**
- **Pre-authorization Request dated 9/14/05, 1 page.**
- **Radiology Request dated 9/19/05, 1 page.**

- **Letter of Medical Necessity for Epidural Steroid Injection to the Lumbar and Cervical Spine dated 9/13/05, 1 page.**
- **Progress Note dated 7/15/05, 7/8/05, 7/1/05, 6/23/05, 4 pages.**
- **Follow-up Visit dated 7/25/05, 4/18/05, 3 pages.**
- **Consultation dated 7/11/05, 2 pages.**
- **Confidential Evaluation dated 6/15/05, 3 pages.**
- **Daily Notes dated 3/28/05, \_\_\_ 3 pages.**
- **Initial Medical Report dated 4/7/05, 3 pages.**
- **Request for Designated Doctor (date unspecified), 3 pages.**
- **Physician Activity Status dated 3/23/05, 1 page.**
- **Employer's First Report of Injury or Illness dated 3/23/05, 1 page.**

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

1. Anterior interbody fusion at L4-5, additional level at L5-S1.
2. Retroperitoneal exposure and Discectomy at L4-5, additional level at L5-S1.
3. Anterior interbody fixation at L4-5, additional level at L5-S1.
4. Posterior Decompression at L4-5, additional level at L5-S1.
5. Transverse process fusion at L4-5, additional level at L5-S1.
6. Posterior internal fixation at L4-5.
7. Bone graft, allograft.
8. Bone graft, autograft in situ.
9. Bone graft, autograft, iliac crest.
10. Bone marrow aspirate.

**Determination: UPHELD** - previously denied request for:

1. Anterior interbody fusion at L4-5, additional level at L5-S1.
2. Retroperitoneal exposure and Discectomy at L4-5, additional level at L5-S1.
3. Anterior interbody fixation at L4-5, additional level at L5-S1.
4. Posterior Decompression at L4-5, additional level at L5-S1.
5. Transverse process fusion at L4-5, additional level at L5-S1.
6. Posterior internal fixation at L4-5.
7. Bone graft, allograft.
8. Bone graft, autograft in situ.
9. Bone graft autograft, iliac crest.
10. Bone marrow aspirate.

**Rationale:**

**Patient's age:** 48 years

**Gender:** Male

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

**Mechanism of Injury:** Assisting with fitting parts when the plant exploded and he was thrown four to five feet, causing injury to the head and neck.

**Diagnoses:**

- \_\_\_ cervical strain, cervical fracture closed.

- 07/11/05, post traumatic headache. Cervical and lumbar radiculopathy, contusion shoulders, traumatic injuries to soft tissue secondary to post explosion syndrome, post – traumatic myofascitis.
- 09/13/05, herniated nucleus pulposus C5-6, herniated nucleus pulposus L4-5, L5- S1.
- 10/26/05 cervical disc disease. Cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, post-traumatic stress disorder.
- 11/02/05 spondylosis with herniated nucleus pulposus (HNP) L4-5 and L5- S1, discogenic pain L4-5 and L5-S1, marked de-conditioning.

The claimant was evaluated by Dr. Sanders, an orthopedic surgeon on 04/18/05, for injuries to the neck, head, low back and both shoulders, sustained as a result of the \_\_\_ reported injury. The claimant reported low back pain with occasional radiation into the buttocks. The impression was possible disc herniations. MRI's, an exercise program and medication were recommended. The claimant remained temporarily totally disabled. An MRI of the lumbar spine was done on 05/16/05, and showed an L5-S1 central disc herniation with impingement. The rest of the lumbar spine was within normal limits. A psychological evaluation followed on 06/15/05, and the claimant was found to have a post traumatic stress disorder. On 07/11/05, a neurological evaluation documented that the claimant had post traumatic headache, cervical and lumbar radiculopathy, contusions of both shoulders, and traumatic injuries to the soft tissues secondary to post – explosion syndrome. There was L5-S1 nerve root irritation bilaterally noted on the EMG/ NCS study of the lower extremities, done on 07/15/05, and evidence of right C6 radiculopathy of the upper extremities. On a 07/25/05, follow-up physician visit, the claimant was noted to have continued neck and low back pain. A course of pain management was recommended along with epidural steroid injections. The claimant continued treatments with the psychologist. An orthopedic consultation was completed on 09/13/05. The claimant was found to have pain in the posterior neck and low back. The diagnosis at that time was herniated nucleus pulposus at C5-6 and herniated nucleus pulposus at L4-5 and L5-S1. Recommendations included a lumbar brace, medications, epidural steroid injection, physical therapy, and the claimant was advised to remain off work. On 10/13/05, a lumbar discogram was performed which revealed the claimant had concordant back and leg pain at L4-5 and L5- S1. On 10/26/05, a Designated Medical Examination (DME) was performed by Dr. Cowen. The claimant continued to report neck and back pain with reported relief of approximately one week after an epidural steroid injection. The claimant was wearing a lumbar corset. The physical examination documented a limited straight leg raise due to pain and a decreased range of motion in the lumbar spine. The claimant was diagnosed with cervical disc disease with radiculopathy and lumbar disc disease. The physician recommended that the claimant complete the series of epidural steroid injections. The claimant then underwent a spine evaluation by Dr. Henderson on 11/02/05. The claimant was noted to have constant low back pain with radiation to both knees. The claimant reportedly had no formal therapy and reported no improvement since the injury. The physical examination revealed standing flexion to 60 degrees with extension and rotation causing back pain. The impression was spondylosis with herniated nucleus pulposus at L4-5 and L5- S1, discogenic pain of L4-5 and L5-S1 and marked deconditioning. Supervised rehabilitation was recommended, and according to the records, surgical intervention would be recommended if not improved. This reviewer cannot recommend the proposed lumbar spine surgery as being medically necessary. This reviewer agrees with the previous determination of the insurance carrier that this surgery was not medically necessary. This claimant had no evidence of spinal instability. He did have evidence of extensive degenerative changes, but extensive fusion has not been proven to be effective for discogenic pain complaints. There was also no evidence of any neurologic compromise. There

was significant evidence of the claimant being deconditioned, and he does require an extensive conditioning program, but there was no evidence that the proposed anterior and posterior lumbar fusion will significantly improve this claimant's condition.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
The ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12.  
Official Disability Guidelines, Fourth Edition, 2006, p. 814-816.  
The Spine, 3<sup>rd</sup> Edition, by Rothman and Simeone.

**Physician Reviewers Specialty:** Orthopedic Surgeon

**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.