



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO #:** \_\_\_\_\_  
**MDR #:** M2-06-0991-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Robert Henderson, M.D.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 4/10/06

### **Review Data:**

- **Notification of IRO Assignment dated 3/23/06, 1 page.**
- **Receipt of Request dated 3/23/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 3/6/06, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Case Review dated 2/24/06, 2/16/06, 4 pages.**
- **Request for Preauthorization for Surgery dated 2/5/06, 1 page.**
- **Chart Note dated 2/24/06, 1/9/06, 12/9/05, 7 pages**
- **Lumbar Myelogram dated 10/19/05, 1 page.**
- **Lumbar Discogram dated 12/21/05, 1 page.**
- **Fax Cover Sheet dated 3/23/06, 1 page.**
- **Independent Medical Evaluation dated 2/2/06, 5 pages.**

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

1. Anterior interbody fusion at L4-5 (22558), additional level at L5-S1 (22585).
2. Retroperitoneal exposure and discectomy at L4-5 (64999), additional level at L5-S1.
3. Anterior interbody fixation at L4-5 (22851), additional level at L5-S1.
4. Posterior decompression at L4-5 (63047), additional level at L5-S1 (63048).
5. Transverse process fusion at L4-5 (22612), additional level at L5-S1 (22614).
6. Posterior internal fixation L4-S1 (22842).
7. Bone graft, allograft (20930).
8. Bone graft, autograft in situ (20936).
9. Bone graft, autograft, iliac crest (20938).
10. Bone marrow aspirate (38241).
11. TLSO (K0646).
12. 2 to 3 day length of stay.

**Determination: UPHELD** – the previously denied request for:

1. Anterior interbody fusion at L4-5 (22558), additional level at L5-S1 (22585).
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**Rationale:**

**Patient's age:** 36 years

**Gender:** Male

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

**Mechanism of Injury:** Slip and fall.

**Diagnoses:**

1. Discogenic pain at L4-5 and L5-S1.
2. Spondylosis and high intensity zone (HIZ) at L4-5 and L5-S1.
3. Radiculopathy.
4. Lumbar radiculopathy with abnormal discs at L4-5 and L5-S1, with probable mechanical and structural instability.

The claimant is a 36-year-old collection representative who reportedly fell at work on \_\_\_\_ and injured his low back and knee. Diagnostic evaluation of the knee revealed a partial tear of the anterior cruciate ligament, and the claimant underwent surgical arthroscopy for repair, chondroplasty of the patella and synovectomy. Despite physical therapy, medications, epidural steroid injections selective nerve root blocks and trigger point injections and activity modification, the claimant remained symptomatic, with low back pain and leg symptoms. A lumbar myelogram dated 10/19/05, was interpreted as a normal study.

Dr. Henderson examined the claimant on 12/09/05, and noted medications indicating that the claimant was a diabetic. Conservative treatment was noted, with physical examination findings of decreased range of motion and brisk reflexes of both ankles and knees. Dr. Henderson documented that an MRI of 05/06/05, revealed large hemangiomas in the vertebral body of L4 and HIZ zones at L4-5 and L5-S1. Diagnosis was documented as spondylosis at L4-5 and L5-S1, with probable discogenic pain. On 12/21/05, a three-level discogram documented full thickness radial tears of L4-5 and L5-S1, and the L3-4 level was normal.

On 01/09/06, Dr. Henderson examined the claimant and documented persistent back pain and pain with numbness down the right leg and that his left leg went numb when he sat for an extended period. A lumbar fusion of L4-5 and L5-S1 was recommended. X-rays on that date did not reveal any instability. The surgical request was denied on two peer reviews. Dr. Henderson examined the claimant on 02/24/06, and documented that the claimant was a candidate for a two-level fusion as he had failed to respond to conservative treatment for the diagnosis of internal disc disruption at L4-5 and L5-S1, with continued back and right leg radiculopathy.

The proposed decompression and fusion is not recommended as being medically necessary for this claimant. The claimant had evidence of degenerative discogenic pain at L4-5 and L5-S1. He had radicular pain complaints but no significant evidence of radiculopathy. He did not have electrodiagnostic evidence of radiculopathy and he had diffuse non-anatomic weakness and numbness through his lower extremities. There was no evidence of any instability in his lumbar spine and decompression and fusion has not been proven to be effective for purely discogenic pain, which is what this claimant has. Consequently, this reviewer cannot recommend the proposed extensive decompression and fusion as being medically necessary.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12.  
Official Disability Guidelines: TWC; Treatment for Workers' Comp 2006; Fourth Edition; pg 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.