



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1017-01
Social Security #: _____
Treating Provider: Kenneth Berliner, MD
Review: Chart
State: TX
Date Completed: 4/25/06

Review Data:

- **Notification of IRO Assignment dated 3/28/06, 1 page.**
- **Receipt of Request dated 3/28/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 3/9/06, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Case Review dated 2/22/06, 2/10/06, 4 pages.**
- **Carriers Statement dated 4/13/06, 2 pages.**
- **Evaluation dated ____, 1 page.**
- **Employee Status dated ____, 1 page.**
- **Lumbar Spine MRI dated 5/21/05, 1 page.**
- **Report of Medical Evaluation dated 8/10/05, 3 pages.**
- **Review of Medical History and Physical Examination dated 8/10/05, 3 pages.**
- **Orthopedic Report dated 1/26/06, 8/31/05, 7/27/05, 5/25/05, 4/27/05, 3/30/05, 14 pages.**
- **Operative Report dated 1/18/06, 11/9/05, 10/26/05, 7 pages.**
- **Office Visit dated 11/17/05, 1 page.**
- **Lumbar Spine CT Scan dated 1/18/06, 1 page.**
- **History and Physical dated 6/16/05, 4 pages.**
- **Examination dated 6/13/05, 1 page.**
- **Letter of Medical Necessity dated 5/16/05, 1 page.**
- **Range of Motion Examination dated 11/9/05, 5/25/05, 5 pages.**
- **Prescription (date unspecified), 1 page.**
- **Cervical Spine MRI dated 3/28/05, 2 pages.**
- **Head MRI dated 3/28/05, 1 page.**
- **Lab Results dated 2/1/06, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for intradiscal electrothermal therapy (IDET) at L5-S1.

Determination: **UPHELD** - the previously denied request for IDET at L5-S1.

Rationale:

Patient's age: 36 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Explosion threw the claimant backwards, forcing him down on the left side of his body.

Diagnoses:

Lumbar strain.

L5-S1 bulge.

Bilateral sacroiliac strain.

The claimant is a 36-year-old male injured on _____. He was seen by Dr. Berliner on 03/30/05, with complaints of lumbar pain radiating up into the thoracic spine and down into the buttock. Examination revealed tenderness in the midline and palpable spasms. Flexion was markedly diminished. Strength, sensation and motor were intact, and straight leg raising was negative. The impression was lumbar strain, and therapy and medications were prescribed. On 04/27/05, straight leg raise elicited back pain bilaterally.

A lumbar MRI done on 05/21/05, revealed a loss of normal lumbar lordotic curve, disproportionate to the underlying changes in the discs and osseous structures, and a loss of the normal concavity of the posterior disc margin at L5-S1. On 05/25/05, Dr. Berliner documented tenderness of the lumbosacral region. At that time, Gaenslen's and Faber's testing was positive, bilaterally. On 06/16/05, 07/27/05 and 08/31/05, the claimant reported continued pain. He underwent a lumbar epidural steroid injection and bilateral sacroiliac injections on 10/26/05. According to Dr. Berliner's 11/09/05 report, the claimant had ongoing pain in the back, with pain down both lower extremities, with numbness and tingling. Reportedly, injections relieved pain for about a day. On examination, there was increased pain with flexion and pain with range of motion. Kemp's sign was positive.

A discogram was completed on 01/18/06 and was positive at the L5-S1 level. A post discogram CT revealed that the contrast material remained within the nucleus pulposus at all four levels from L2-3 through L5-S1. According to Dr. Berliner's 01/26/06 office note, the claimant had tenderness in the lower lumbar region, mostly on the left side. Forward flexion was decreased with palpable spasms present. Lower extremity motor strength and sensation was symmetrical and straight leg raise was negative.

An IDET procedure was requested, but denied per peer review on 02/10/06 and 02/22/06. These denials have again been appealed. Based on a review of the medical records the request for the IDET at L5-S1 is not recommended as medically necessary. While the claimant continued to report low back pain, despite conservative measures, IDET procedures have not been proven to be effective on a long term basis. While earlier studies were favorable, current studies are less positive and remains investigational, and it cannot be recommended as medically necessary.

Criteria/Guidelines utilized: ACOEM Guidelines, 2nd Edition, Chapter 12.
Official Disability Guidelines Treatment in Workers' Comp 2006, fourth edition: page 817.

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.