



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1021-01
Social Security #: _____
Treating Provider: Richard Lutz, DO
Review: Chart
State: TX
Date Completed: 6/5/06
Amended Date: 6/13/06

Review Data:

- **Notification of IRO Assignment dated 3/27/06, 1 page.**
- **Receipt of Request dated 3/27/06, 3/14/06, 2 pages.**
- **Request for Payment of Independent Review Organization Fee (date unspecified), 1 page.**
- **List of Medications dated 2/7/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 2/14/06, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Office Visit dated 1/16/06, 12/15/05, 11/30/05, 11/2/05, 10/7/05, 9/30/05, 6 pages.**
- **Reconsideration Report dated 1/9/06, 19 pages.**
- **Texas Outpatient Non-Authorization Recommendation dated 12/14/05, 6 pages.**
- **Texas Workers' Compensation Work Status Report dated 11/30/05, 11/2/05, 10/7/05, 9/30/05, 4 pages.**
- **Lumbar Spine MRI dated 10/4/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for epidural steroid injection to the lumbar spine; procedure code 62311.

Determination: UPHELD - the previously denied request for epidural steroid injection to the lumbar spine; procedure code 62311.

Rationale:

Patient's age: 42 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Repetitive lifting and bending.
Diagnosis: Lumbar disc disease.

The patient sustained an industrial lower back injury, as a result of repetitively lifting and items out of the back of his automobile, and bending. He then drove back and forth from Virginia Beach to Washington, which was about an 8-hour round trip in his automobile. He noted increasing low back pain, initially on left side, and then more recently, shifting to the right side. He denied lower extremity radicular pain, although, he did experience some right buttock pain radiation. He was not improving with non-steroidal anti-inflammatory medication. He had not previously received Medrol Dosepak. On September 30, 2005, the claimant came under the care of Dr. Richard A. Lutz – board certified orthopedic surgeon. Presumably, he failed conservative treatment. Dr. Lutz reviewed prior lumbosacral spine diagnostic X-rays, demonstrating sacralization of the fifth lumbar vertebra on the left with moderate spondylosis and severe foraminal compromise and diagnosed lumbar spondylosis, and acute exacerbation with right-sided leg pain symptoms.

Dr. Lutz ordered a lumbar MRI, and he prescribed a Medrol Dosepak. The claimant underwent the non-contrast lumbar MRI at Texas Orthopedics Spine and Rehabilitation Associates, on October 4, 2005, which demonstrated a transitional S-1 vertebral body, which was partially lumbarized, right lateral recess disk herniation at S1-2 contacting the right S-2 nerve root, and right lateral recess narrowing due to a combination of facet hypertrophy and disk bulging at the L5-S1 level. There was also a left paracentral disk herniation at L5-S1.

The claimant continued orthopedic follow-up care with Dr. Lutz on October 7, 2005. Based upon October 4, 2005 lumbar MRI, Dr. Lutz diagnosed disk herniations at L5-S1 on the left, and S1-2 on the right, which was smaller and does not deviate the nerve root. The claimant returned to Dr. Lutz for orthopedic follow-up care on November 2, 2005. As of that point, the claimant was improving and requested to be released to full duty. Dr. Lutz requested that the claimant return in four to six weeks or as needed for re-evaluation. He was to continue activities to tolerance and a repeat lumbar MRI may be necessary, if his symptoms persisted.

As of the November 30, 2005 orthopedic follow-up visit, the claimant continued to improve, however, there was some right lower extremity radicular pain. The follow-up examination demonstrated no lower extremity neurologic impairment; however, there was mild right buttock pain presumably to palpation. At that point, Dr. Lutz recommended a series of lumbar epidural steroid injections. This was subsequently non-authorized, and again non-authorized based upon an appeal. The initial non-authorization was dated December 6, 2005 and December 14, 2005, with reconsideration denial of January 9, 2006. Dr. Lutz contacted the claimant by telephone on December 15, 2005, indicating that the claimant was scheduled for lumbar epidural steroid injection on December 21, 2005, however, it was non-authorized, and therefore, the procedure was canceled until further notice. Dr. Lutz dictated a letter of medical necessity regarding this procedure (undated) indicating that the claimant had increasing right lower extremity radicular pain and had a lumbar MRI that demonstrated correlating findings. He requested that the lumbar epidural steroid injections be approved. The claimant returned to Dr. Lutz most recently on January 16, 2006. As of that date, Dr. Lutz documented that the claimant complained of increased right lower extremity radiation to the foot, with numbness of the plantar aspect of the right foot.

The physical examination, as recorded by Dr. Lutz, demonstrated tenderness to the right buttock with radiation to the right posterior thigh. Straight leg raising was painful at 40 degrees on the right; however, straight leg raising testing on the left was not recorded. There was decreased sensation to pinprick in the right lower extremity and again this is not localized to any specific dermatomal distribution or peripheral nerve distribution. Dr. Lutz diagnosed sciatica of the right lower extremity as of January 16, 2006.

At that point, he again recommended a lumbar epidural steroid injection, and if the proposed lumbar epidural steroid injection was not beneficial, the claimant may require surgical decompression.

In summary, the requested lumbar epidural steroid injection (CPT procedure code 62311) is non-certified because according to the submitted medical records documentation reviewed, there continues to be insufficient documented lower extremity neurologic focal impairment, to medically justify this request.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
The ACOEM Guidelines, 2nd Edition, Chapter 12.

Physician Reviewers Specialty: Physical Medicine and Rehabilitation/Pain Management

Physician Reviewers Qualifications: Texas Licensed D.O. 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.

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