



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-104901  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Randall Wolcott, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 5/10/06

### **Review Data:**

- **Notification of IRO Assignment dated 3/29/06, 1 page.**
- **Receipt of Request dated 3/29/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 3/13/06, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Fax Cover Sheet dated 1/25/06, 10/12/05, 11/22/04, 3 pages.**
- **Procedure Report dated 1/30/05, 1 page.**
- **Preauthorization Request dated 1/25/06, 1 page.**
- **Case Review dated 2/21/06, 1/30/06, 3 pages.**
- **Notification of Maximum Medical Improvement dated 8/8/05, 1 page.**
- **Report of Medical Evaluation dated 7/21/05, 1 page.**
- **Activity Report dated 8/16/05, 2 pages.**
- **Closure Report dated 8/24/05, 2 pages.**
- **Examination dated 7/21/05, 5 pages.**
- **Case Summary Report dated 2/21/06, 1/30/06, 12/27/05, 4 pages.**
- **Email Notification dated 1/26/06, 1/25/06, 12/22/05, 3 pages.**
- **Follow-up Visit dated 1/19/06, 1 page.**
- **Operative Report dated 3/29/05, 11/18/04, 5/6/04, 8 pages.**
- **Employee's Request to Change Treating Doctors dated 9/21/05, 1 page.**
- **Request for Prospective Review of Medical Care not Requiring Preauthorization (date unspecified), 1 page.**
- **Closure of Request for Prospective Review of Medical Care dated 10/20/05, 1 page.**
- **Behavioral Health Intervention dated 9/29/05, 1 page.**
- **Health and Behavioral Assessment dated 9/23/05, 3 pages.**
- **Request for Designated Doctor Appointment dated 6/23/05, 1 page.**
- **History and Physical dated 4/14/05, 2/11/05, 4 pages.**
- **Patient Information dated 3/29/05, 1 page.**
- **Inpatient/Outpatient Conditions of Admission and Consent to Medical Treatment signed on 3/29/05, 2 pages.**
- **Patients Rights and Responsibilities Signature Page signed on 3/29/05, 1 page.**

- **History and Physical Examination Form dated 3/29/05, 11/18/04, 2 pages.**
- **Consent for Operation or Other Procedure dated 3/29/05, 1 page.**
- **Procedure/Surgical Site Verification Checklist (date unspecified), 1 page.**
- **Sedation Pre-induction Assessment dated 3/29/05, 1 page.**
- **Operating Room Record dated 3/29/05, 1 page.**
- **Patient Care Record dated 3/29/05, 11/18/04, 2 pages.**
- **Recovery Room Record dated 3/29/05, 11/18/04, 3 pages.**
- **Post Procedure Notes dated 3/29/05, 1 page.**
- **Progress Notes dated 3/29/05, 7/7/04, 4 pages.**
- **Interdisciplinary Patient Education Record dated 3/29/05, 1 page.**
- **Patient Pain Management Education dated 3/29/05, 1 page.**
- **Orders dated 3/29/05, 2 pages.**
- **Outpatient Day Surgery Admission Assessment dated 3/29/05, 1 page.**
- **Post Operative Care – Day Surgery dated 3/29/05, 1 page.**
- **Post Pain Block Dismissal Instructions (date unspecified), 1 page.**
- **Texas Workers' Compensation Work Status Report dated 2/11/05, 1 page.**
- **Office Notes dated 12/6/04, 1 page.**
- **Lumbar Spine CT Scan dated 11/18/04, 1 page.**
- **Discogram dated 11/18/04, 1 page.**
- **Consent for Operation dated 11/18/04, 1 page.**
- **Procedure Check List dated 11/18/04, 1 page.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for lumbar laminectomy with fusion and instrumentation at L4-S1, and a TLSO brace.

**Determination: UPHELD** - the previously denied request for lumbar laminectomy with fusion and instrumentation at L4-S1, and a TLSO brace.

**Rationale:**

**Patient's age:** 44 years

**Gender:** Female

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

**Mechanism of Injury:** Lifting a case of 24 water bottles off bottom of cart and heard back pop.

**Diagnoses:** Lumbar sprain/strain.

Degenerative disc disease with bulging L4-5, degenerative disc disease with disc protrusion L5-S1.

Psychosocial stress secondary to compensable injury.

Lumbago.

This 44-year-old female courtesy clerk was involved in a work related injury on \_\_\_\_\_. The records indicated that the claimant was lifting a case of water bottles from a cart and heard a "pop" in her back. The initial diagnosis was lumbar sprain/strain, and conservative treatment included chiropractic care, epidural steroid injections, physical therapy for back stabilization and medications. It was reported that the interventions failed to resolve the claimant's pain symptoms, and the claimant had been out of work since April 2004. An MRI of the lumbar spine, performed on 02/11/04, showed degenerative changes at L4 through S1. Discography done in

November 2004 was positive for concordant pain at L4-5 and L5-S1, and an electrodiagnostic evaluation showed subtle changes within the tibial nerve distribution. The claimant underwent a chronic pain management program and had a neurosurgical evaluation which concluded that she was not a surgical candidate. She underwent a behavior health evaluation that determined she had psychosocial stress, secondary to the compensable injury. It was determined that the claimant had reached maximum medical improvement on 07/21/05, with zero percent impairment and the diagnosis of degenerative disease. A letter from Dr. Le Grand dated 01/19/06, revealed the claimant two years post injury, with failed conservative measures. A review of the 01/06/06 lumbar MRI, showed significant disease at L4-5 and L5- S1. Treatment options were discussed and a posterior L4-5 and L5- S1 decompression and fusion was recommended. The proposed surgery with lumbar laminectomy and fusion is not recommended as being medically necessary for this claimant. She had evidence of degenerative disc disease at two levels of the lumbar spine. There was no evidence of neurologic compromise or radiculopathy. There was no information to support the need for lumbar laminectomy and decompression, and the claimant had only degenerative disc disease, with no evidence of instability, so there was similarly no evidence to support the need for fusion and instrumentation. Consequently, based on the information available for review, this reviewer cannot recommend either the lumbar laminectomy or the fusion and instrumentation for this claimant, as being medically necessary. The proposed surgery is not recommended and therefore, the request for the TLSO brace is also not recommended as being medically necessary.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
Official Disability Guidelines Fourth Edition Treatment in Worker's Compensation 2006 p. 814-816.

**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.

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