



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1074-01
Social Security #: _____
Treating Provider: Patrick Mason McMeans, M.D.
Review: Chart
State: TX
Date Completed: 4/25/06

Review Data:

- Notification of IRO Assignment dated 4/4/06, 1 page.
- Receipt of Request dated 4/4/06, 1 page.
- Medical Dispute Resolution Request / Response dated 3/20/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 2 pages.
- Case Review dated 3/9/06, 2/28/06, 2 pages.
- Office Visit dated 2/13/06, 1 page.
- Lumbar Spine MRI dated 1/30/04, 2 pages.
- Lumbar Myelogram dated 6/14/04, 1 page.
- Post-Myelogram CT of the Lumbar Spine dated 6/14/04, 2 pages.
- Operative Report dated 6/6/05, 5/16/05, 6/14/04, 6 pages.
- Legal Letter dated 4/10/06, 2 pages.
- Invoice dated 4/4/06, 1 page.
- Notice of Disputed Issue and Refusal to Pay Benefits dated 3/7/06, 2 pages.
- Independent Medical Evaluation dated 3/6/06, 7 pages.
- Medical Progress Notes dated 12/27/05, 10/24/05, 9/8/05, (dates unspecified), 9 pages.
- Daily Notes Report dated 6/15/05, 1 page.
- Texas Workers' Compensation Work Status Report dated 12/29/05, 1 page.

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

Determination: UPHELD - previously denied request for L5-S1 intradiscal electrothermal therapy.

Rationale:

Patient's age: 60 years

Gender: Female

Date of Injury: _____

Mechanism of Injury: Helping to lift a patient from floor back to bed.

Diagnoses: Lumbar pain of discogenic origin; right side L5-S1 facet arthropathy; underlying lumbar spondylosis and some relative spinal stenosis.

An MRI of the lumbar spine, performed on 1/30/04, showed lumbar disc desiccation at multiple levels, a disc herniation at the L5-S1 level and spondylosis primarily at the L2-3 and L3-4 levels. A lumbar myelogram followed on 6/14/04 and showed an abnormal myelogram that showed disc protrusions at the L3 through S1 levels. Conservative treatment for this claimant included facet joint injections, epidural steroid injections, medications and electrical stimulation. Reportedly, the claimant was not working. A physician visit on 10/14/05 revealed the claimant with mid and low back pain with radiation. Medication and an orthopedic consultation were recommended. An Independent Medical Examination was performed on 3/6/06, which revealed the claimant with multi-level degeneration with some transient relief from previous injections. It was noted that the claimant did not want surgery. The claimant reported back and bilateral leg pain with difficulty walking and difficulty standing for over thirty minutes. An electromyogram (EMG) / nerve conduction study (NCS) performed in March of 2004 suggested right L5-S1 radiculopathy. A functional capacity evaluation was completed in January of 2005, which indicated that the claimant was able to resume normal activities. The physician's impression was that the claimant had sustained a lumbar strain a long time ago and had underlying spondylosis and some relative spinal stenosis. This 60-year-old female claimant had multi-level spondylosis and the mechanical back pain was consistent with these changes. There have been numerous articles describing the efficacy of the intradiscal electrothermal annuloplasty procedure, but no good long-term double blind studies showing long-term relief of an ongoing nature. Although intradiscal electrothermal annuloplasty procedures were much more common just a year or two ago, as the studies have longer term, the follow-up has provided less than successful results and this type of procedure has decreased in frequency. At present, based on published peer-reviewed literature, there is no comparison between intradiscal electrothermal annuloplasty procedure and other conventional treatments of chronic, discogenic back pain. No long-term clinical conclusions can be drawn based on the data presented in peer-reviewed literature, and, therefore, the intradiscal electrothermal annuloplasty procedure continues to be considered investigational. Based on the lack of good long-term double blind studies, the requested L5-S1 intradiscal electrothermal therapy remains not medically necessary for this claimant, and the denial is upheld.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

Orthopedic Knowledge Update: Spine, Chapter 35, page 336.

Spine, 2004 April 16; 29(7):752-756. The IDET Procedure for Chronic Discogenic Low Back Pain by Davis TT, Delamarter RB, Sra P, Goldstein TB.

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.