



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1092-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Arnulfo Carrasco, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 4/18/06

### **Review Data:**

- **Notification of IRO Assignment dated 3/31/06, 1 page.**
- **Receipt of Request dated 3/31/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 3/17/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers dated 3/27/06, (date unspecified), 3 pages.**
- **Case Review dated 3/1/06, 2/21/06, 3 pages.**
- **Pre-authorization dated 2/21/06, 3 pages.**
- **Reconsideration dated 3/1/06, 4 pages.**
- **Pre-authorization Request (date unspecified), 1 page.**
- **Follow-up Examination dated 2/7/06, 11/29/05, 10/4/05, 8/30/05, 7/19/05, 5 pages.**
- **Fax Cover Sheet dated 2/9/06, 1 page.**
- **Initial Consultation and Evaluation dated 6/6/05, 3 pages.**
- **Lumbar Spine CT Scan dated 7/13/05, 1 page.**
- **Dispute Letter dated 3/27/06, 1 page.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for a series of 2 lumbar epidural injections with fluoroscopy and 4-6 trigger point injections.

**Determination: UPHELD** - previously denied request for a series of 2 lumbar epidural injections with fluoroscopy and 4-6 trigger point injections.

### **Rationale:**

**Patient's age:** 64 years

**Gender:** Female

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

**Mechanism of Injury:** Bending over and picking up a box weighing approximately 25 pounds.

### **Diagnoses:**

1. Low back pain and lower extremity pain.
2. Bulging disk at L4-5 and L5-S1, with associated myofascial pain syndrome.
3. Radiculopathy, bilateral lower extremities.

This 65-year-old female was injured on \_\_\_\_, involving the low back after bending forward to pick up a box weighing approximately 25 pounds. This injury is approximately eight years old. Subsequent to the injury, the patient underwent conservative treatment consisting of physical therapy and medication management. On May 6, 2005, a reported lumbar MRI was performed, which revealed mild posterior central and paracentral broad-based disk protrusions at levels L3-4, L4-5, and L5-S1, without spinal narrow canal stenosis. The claimant was then referred to A. T. Carrasco, M.D., to have a lumbar diskogram performed, which was completed on July 13, 2005. The submitted report revealed disk degeneration at levels L3-4 and L4-5 and normal discogram level at L5-S1. Following this, the patient underwent a series of lumbar epidural steroid injections, which was completed by November 29, 2005, with noted good relief with the first two injections, but not with the third.

Current subjective complaints consist of low back pain with radiation into the lower extremities, right greater than left, and with occasional give away of the right lower extremity, per the February 7 follow-up exam by Dr. Carrasco. Of note, the last medication profile list document was submitted in a June 6, 2005 note, listed as Topamax 100 mg, MOBIC 7.5 mg, Benicar 12.5 mg, Gabapentin 100 mg, Ambien 100 mg, Zolof 50 mg, Tizanidine 4 mg, Lortab 7.5 mg, Zetia 10 mg, and Vicoprofen 7.5 mg p.r.n.

Current objective findings consist of range of motion of the lumbar spine slightly limited, secondary to pain, specific areas of active reproducible trigger point tenderness noted in the quadratus lumborum, gluteus maximus and gluteus medius; lower extremity strength intact, gait intact.

The request for a series of two lumbar epidural steroid injections with fluoroscopy, and four to six trigger point injections has been denied because:

1. Lack of available relevant clinical information in support of the application, particularly, no information regarding the presence of significant objective radiculopathy exists on the follow-up notes submitted, i.e., no information regarding the presence or absence of sensory, motor, or reflex deficits in the lower extremities or any other associated findings indicative of lumbar radiculopathy.
2. Radiographic imaging study report did not reveal any spinal cord stenosis, lumbar disk herniation, and/or nerve compression.
3. ACOEM Guidelines state that invasive techniques, such as local injections, are of questionable merit. This treatment offers no significant long-term functional benefit and is not likely to produce substantive and sustained improvement in the patient's pain symptoms. Furthermore, despite the fact that the proof is still lacking, many physicians believe that diagnostic and/or therapeutic injections may have benefited in patients presenting in the transitional phase between acute and chronic pain. This injury is several years old and a transition has already been made to a chronic phase of pain. Therefore, the request submitted does not meet the criteria for consideration of lumbar epidural steroid injection, as well as trigger point injections, as per current acceptable standard of pain management practice or the references listed below.

**Criteria/Guidelines utilized:** ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12, pages 298 to 301, Chapter 8, pages 165 to 194.

*Interventional Pain Management*, 2nd Edition, edited by Dr. Steven D. Waldman, Chapter 39, entitled "Lumbar Epidural Nerve Block", pages 415 to 422.

**Physician Reviewers Specialty:** Pain Management

**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.