



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-1099-01
Social Security #: _____
Treating Provider: James Tanner, DC
Review: Chart
State: TX
Date Completed: 5/12/06

Review Data:

- Notification of IRO Assignment dated 4/3/06, 1 page.
- Receipt of Request dated 4/3/06, 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), 1 page.
- Non Certification Notice dated 1/27/06, 1 page.
- Non-Authorization After Reconsideration Notice dated 2/27/06, 2 pages.
- Office Visit dated 3/7/06, 11/21/05, 10/17/05, 10/3/05, 9/12/05, 7/6/05, 6/29/05, 8 pages.
- Progress Record dated 1/13/06, 12/30/05, 4 pages.
- Prescription dated 12/6/05, 1 page.
- Physical Therapy Re-evaluation dated 12/8/05, 2 pages.
- Initial Narrative Report dated 12/13/05, 5 pages.
- Billing Statement dated 11/29/05, 9/28/05, 8/8/05, 3 pages.
- Texas Workers' Compensation Work Status Report dated 12/5/05, 11/2/05, 10/3/05, 8/15/05, 4 pages.
- Trip Notes dated 8/16/05, 6/23/05, 1 page.
- Patient Registration Form dated 10/19/05, 1 page.
- Emergency Department QualChart dated 10/19/05, 2 pages.
- Nursing Record dated 12/20/05, 10/19/05, 4 pages.
- After Care Instructions dated 12/20/05, 10/19/05, 5 pages.
- Pneumococcal Immunization Form dated 10/19/05, 1 page.
- Signature Sheet dated 10/19/05, 1 page.
- Smoking Cessation Advice (date unspecified), 2 pages.
- Notice to Medicare Beneficiary of Possible Financial Liability (date unspecified), 1 page.
- Physician Orders (date unspecified), 1 page.
- Acknowledgement of Receipt of Patient Forms dated 12/20/05, 10/19/05, 3 pages.
- Release of Information dated 12/20/05, 10/19/05, 2 pages.
- Advance Directives Acknowledgement Form dated 12/20/05, 10/19/05, 2 pages.

- **Password Identification Form dated 10/19/05, 1 page.**
- **Telephone Note dated 2/22/06, 1 page.**
- **Claims Mail Log dated 3/10/06, 1 page.**
- **Patient Progress Record dated 3/10/06, 2/24/06, 1/20/06, 1/6/06, 8 pages.**
- **Fax Cover Sheet dated 9/9/05, 2 pages.**
- **Initial History and Physical dated 1/11/06, 2 pages.**
- **History and Physical dated 3/1/06, 2 pages.**
- **Initial Evaluation dated 3/2/06, 4 pages.**
- **Lumbar Spine MRI dated 10/5/05, 2 pages.**
- **Evaluation dated 8/15/05, 2 pages.**
- **Prescription (date unspecified), 1 page.**
- **Physical Therapy Initial Evaluation dated 8/17/05, 3 pages.**
- **Physical Therapy Re-evaluation dated 8/25/05, 1 page.**
- **Discharge Summary dated 8/31/05, 2 pages.**
- **Home Medication Orders dated 12/20/05, 1 page.**
- **Consent for Treatment dated 12/20/05, 1 page.**
- **Current Review Request dated 2/7/06, 2 pages.**
- **Billing Form (date unspecified), 1 page.**
- **Examination dated 12/13/05, 7 pages.**
- **Legal Letter dated 4/10/06, 2 pages.**
- **Medical Dispute dated 3/31/06, 2 pages.**
- **Case Review dated 3/7/06, 2 pages.**
- **Letter for Reconsideration dated 2/10/06, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for rush transforaminal ESI, lumbar.

Determination: UPHELD - the previously denied request for rush transforaminal ESI, lumbar.

Rationale:

Patient's age: 46 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Assisted three co-workers in lifting a dialysis patient.

Diagnoses: Degenerative disc disease, lumbar spine.

The patient is a 46-year-old, reportedly obese female, injured while assisting co-workers in lifting a dialysis patient. The claimant stated she picked up the patient's leg and felt sudden pain in her lower back. Subsequent to the injury, the patient was seen Frank Luckay, M.D. (Orthopedic surgeon). This patient had been treated by him in the past, with medication management for multilevel degenerative disk disease. From the June 29, 2005 submitted report, the patient had increasing left-sided low back pain, radiating into the buttock and a little bit down the thigh. Physical examination, at that time, revealed increased pain to the right, left at the L5 level with radiation into the buttock; knee and ankle reflexes were equal and symmetrical; straight leg raising was positive on the left at 90 degrees, with low back pain only. Diagnosis at that time was aggravation of the degenerative disk disease, with a new Achilles sprain.

The claimant treated with a Medrol Dosepak, which resulted in unsustained relief. The claimant was referred to another orthopedic surgeon, who treated worker's compensation cases, who diagnosed the claimant with lumbosacral sprain superimposed over degenerative disk disease. Three weeks of physical therapy were prescribed, which helped relieve the claimant's pain radiating into the back of the left thigh, but she continued with low back pain. A lumbar MRI study was performed on October 5, 2005, which revealed a 3-mm central subligamentous L5-S1 disk herniation, minimally impinging on the anterior aspect of the thecal sac; mild degenerative disk disease, and spondylosis, without evidence of lumbar central spinal stenosis; facet arthropathy involving the lumbar spine, without evidence of foraminal stenosis. A required medical examination report of December 13, 2005, revealed very restricted lumbosacral range of motion to flexion and extension; Lasague's test in the sitting and supine position was negative for radiculopathy; lower extremity sensory, motor, and reflexes were normal. Of note, reportedly the claimant presented with significant pain behavior, which was not compatible with any type of lifting, bending, or stooping. The pain behavior was out of proportion to what was seen on radiographic imaging studies. A diagnosis of lumbar sprain/strain to superimpose over multilevel degenerative changes of the lumbar spine was given with a recommendation to continue at least three weeks of physical therapy; there was no indication for surgery or any invasive procedure.

Subsequently, in December 2005, the claimant began treatment with Dr. Danner, D.C., who provided the patient with electrical stimulation, as well as had her participate in restriction exercises and use of an exercise bike. On January 11, 2006, the patient was referred to Dr. Potter, (pain management). His submitted history and physical (H&P) dated January 11, 2006, revealed subjective complaints of low back pain radiating all the way down into her toes; objective physical examination revealed a positive left straight leg raise for back and radicular pain, a positive right side straight leg raise for back pain, pain with extension, motor strength 5/5, deep tendon reflexes 1+ patellofemoral, and 2+ Achilles equal. At that time, the patient was diagnosed with lumbosacral radiculitis and lumbar back pain. The claimant had been given medication consisting of Lortab 5 mg 1 p.o. q.4h. and Baclofen 10 mg 1 p.o. q.8h.

Of note, Dr. Potter's initial evaluation was significantly different from the previously performed orthopedic and Required Medical Examination (RME).

With the information provided to this reviewer, it is recommended that the non-authorization for transforaminal lumbar epidural steroid injections be upheld because:

1. Lack of available relevant clinical information and support the request, particularly no information regarding the presence of significant objective radiculopathy on the note submitted (i.e., information regarding the presence of significant sensory, motor, or reflex deficits in the lower extremities or any another associated findings indicated of a lumbar radiculopathy).
2. The radiographic imaging study report of lumbar MRI did not reveal any nerve root compression due to a herniated nucleus pulposus (HNP). Therefore, the request submitted does not meet the criteria for consideration of lumbar transforaminal epidural steroid injections as per current acceptable standard of pain management practice; as per ACOEM Guidelines, Chapter 8, Dealing with the Chronic Neck and Back Complaints, pages 165 through 194, and Chapter 12, pages 298 through 301, as well as guidelines outlined under ISIS (International Spinal Injection Society) protocol.

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

ACOEM Guidelines, Chapter 8, Dealing with the Chronic Neck and Back Complaints, pages 165 through 194; and Chapter 12, pages 298 through 301, as well as guidelines outlined under ISIS (International Spinal Injection Society) protocol.

1. Vad VB., Bhat A. Lutz GE., et. al. Transforaminal Epidural Steroid Injections and Lumbosacral radiculopathy; A Prospective Randomized Study. Spine Vol. 27(1); 11 through 15. 2002.
2. Lutz G. Fluoroscopic Transformational Lumbar Epidural Steroid Injections: An Outcome Study. Arch Phys Med Rehab Vol. 79(11); 1362 through 1366. 1998.

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.