



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1416-01
Social Security #: _____
Treating Provider: Todd Raabe, MD
Review: Chart
State: TX
Date Completed: 6/15/06

Review Data:

- Notification of IRO Assignment dated 5/30/06, 1 page.
- Receipt of Request dated 5/30/06, 1 page.
- Medical Dispute Resolution Request/Response dated 5/15/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Letter to Provider dated 5/2/06, 2 pages.
- Letter to Texas Department of Insurance dated 5/11/06, 1 page.
- Examination dated 3/7/06, 2/22/06, 5/18/05, 3/21/05, 1/18/05, 1/20/04, 11/19/03, 9/30/03, 8/12/03, 1/29/03, 10 pages.
- Operative Report dated 4/3/03, 1 page.
- Lumbar Spine MRI dated 3/1/06, 3/31/05, 3/10/03, 4 pages
- Lumbar Myelogram dated 10/27/03, 1 page.
- Fax Cover Sheet dated 6/5/06, 5/30/06, 4/25/06, 4/7/06, 4/5/06, 3/20/06, 3/16/06, 7 pages.
- Office Visit dated 4/20/06, 3/30/06, 2 pages.
- Surgery Worksheet dated 4/17/06, 4/12/06, 2 pages.
- Case Review dated 3/22/06, 2 pages.
- Cover Sheet dated 6/2/06, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for interbody fusion at L4-5.

Determination: REVERSED - interbody fusion at L4-5.

Rationale:

Patient's age: 54 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Not stated for this review.

Diagnoses: S1 radiculopathy, stenosis L3-4, L4-5 and retrolisthesis L4 on L5.

This claimant had longstanding mechanical low back pain and bilateral lower extremity pain that had been unrelieved with ten years of extensive conservative management. Initially, this claimant treated with Dr. Joseph Shepard. The claimant had undergone three lumbar MRI's and the most recent lumbar MRI of 03/01/06, showed multiple level disc and facet degeneration with multiple level spinal stenosis at L2-3, L3-4 and L4-5.

The claimant was referred to Dr. Raabe, a neurosurgeon, by Dr. Shepard, for evaluation on 05/18/05. Dr. Raabe noted that the plain lumbar radiographs showed retrolisthesis and the MRI showed disc protrusions at L1-2, L3-4, and L4-5, mild stenosis at L3-4, moderate to severe stenosis at L4-5 and some retrolisthesis at L3 on 4 and L4 on L5. Examination findings revealed moderate lumbar tenderness and the neurological examination was intact. Dr. Raabe recommended weight reduction and stabilization at the L3-5 and L4-5 levels. By the 02/22/06 examination, the claimant was using a cane for ambulation, with progressive pain complaints. Examination showed positive bow string signs, positive straight leg raise and an absent Achilles tendon reflex. Based on the examination, Dr. Raabe recommended a repeat lumbar MRI which was done on 03/01/06, with findings as noted above.

The office note on 03/07/06, documented that the claimant was morbidly obese, with a BMI of 45. Dr. Raabe opined that the MRI showed compression fractures at L1 and L3, some canal narrowing at the L1-L2 and L2-3 levels, but not nearly as significant as at the L3-4 and L4-5 levels. At the L5-S1 level, there was minimal disc bulge but no significant stenosis. Dr. Raabe felt that there was retrolisthesis at L4-5, and recommended a lumbar decompression at the L3-4 and L4-5 levels, with interbody fusion at L4-5. A 05/02/06 letter, authored by Dr. Robert S. Williams to Dr. Raabe outlined the denial. Dr. Williams felt that due to the claimant's obesity, no retrolisthesis on imaging and no instability, there was no medical necessity for the requested decompression and fusion.

The proposed decompression and fusion is recommended as being medically necessary for this claimant. According to Dr. Raabe's notes, the claimant did, in fact, have evidence of retrolisthesis at the L4-5 level that was documented on both the MRI and on the plain films. The claimant had failed extensive conservative treatment. He did have evidence of neurologic problems, and he had evidence of significant and severe spinal stenosis. The proposed decompression with fusion is reasonable and appropriate, given the claimant's failure to improve with conservative treatment, and the positive findings on MRI and plain film X-rays.

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

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.