



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1464-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Lori Wasserburger, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 6/28/06  
**Date Amended** 7/17/06

### Review Data:

- Notification of IRO Assignment dated 6/5/06, 1 page.
- Receipt of Request dated 6/5/06, 1 page.
- Medical Dispute Resolution Request/Response dated 5/31/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Progress Note dated 5/9/06, 4/10/06, 1/4/06, 9/20/05, 6/16/05, 6/15/05, 4/4/05, 1/10/02, 14 pages.
- Report of Medical Evaluation dated 3/5/02, 1 page.
- Maximum Medical Improvement and Impairment Rating dated 3/5/02, 4 pages.
- Left Shoulder X-ray dated 1/23/03, 1 page.
- Lumbosacral Spine X-ray dated 6/14/04, 1/23/03, 2 pages.
- Cervical Spine X-ray dated 5/16/03, 1 page.
- Cervical Spine MRI dated 2/21/05, 1 page.
- Lumbar Spine CT Scan dated 2/21/05, 1 page.
- Letter to Claimant dated 8/9/05, 1 page.
- Prescription dated 9/20/05, 1 page.
- Correspondence dated 4/26/06, 4/13/06, 4 pages.
- Letter From Claimant (date unspecified), 2 pages.

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for repeat CT/myelogram of the cervical, thoracic and lumbar spine.

**Determination: UPHELD** - the previously denied request for repeat CT/myelogram of the cervical, thoracic and lumbar spine.

### Rationale:

**Patient's age:** 59 years

**Gender:** Male

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

**Mechanism of Injury:** Not stated for this review.

**Diagnoses:** Cervical spondylosis, status post 2 level cervical fusion, L5-L6 spondylosis with spondylolisthesis, two level positive discogram, status post two level lumbar fusion, persistent right lower extremity weakness, bowel and bladder incontinence.

The claimant had been treated for low back and cervical pain and had lumbar surgeries in 1981 and 2001, as well as a two-level cervical fusion in 2000. After surgery, the claimant had fecal and urinary incontinence. A 02/25/05 MRI of the cervical spine with and without contrast, showed that C5, 6 and 7 were solidly fused. At C7-T1, there was moderate narrowing with slight anterior displacement of C7 in respect to T1. The cord was normal. There was C4-5 annular bulging, C5-6 minimal right paracentral osteophytic ridging without mass effect, and C6-7 had minimal central osteophytic ridging without mass effect. The 02/21/05 lumbar CT scan noted post operative change at L4-S1, with no suspected stenosis. There was minimal degenerative stenosis at L3-4, with no mass effect, and minimal annular bulging at L2-3. X-rays of the cervical spine showed no instability. The claimant had pain with rotation of the cervical spine, and the physician felt there may be a cervical cord compression. She requested a myelogram, somatosensory evoked potentials (SSEP) and a referral for urological evaluation. On the 05/09/06 visit, Dr. Wasserburger noted that there was pain in the upper extremities with head tilt, deep tendon reflexes were slightly hyper-reflexic, and that there were 1-2 beats of clonus. This reviewer cannot recommend the proposed myelogram of the entire spine as being medically necessary. This claimant manifested no localizing focal signs. There should be evidence of myelopathy, which was absent, and this appears to be a vascular issue rather than a mechanical issue in either the thoracic, cervical or lumbar spine. Moreover, this claimant has had several previous myelograms which have failed to show any significant pathology. Based upon all of the foregoing, the intervention in question cannot be recommended. Accordingly, the previously denied request for repeat CT/myelogram of the cervical, thoracic and lumbar spine must be upheld.

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

Official Disability Guidelines Fourth Edition Treatment in Worker Comp, Neck; page 1110.

Spine Surgery: Techniques, Complication Avoidance, and Management, 2<sup>nd</sup> Edition, by Edward C. Benzel, M.D.

Principles And Techniques Of Spine Surgery, by Howard S. An, M.D.

**Physician Reviewers Specialty:** Orthopedics

**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

CORPORATE OFFICE  
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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.

***In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this 17<sup>th</sup> day of July, 2006.***

***Signature of IRO Employee:***

A handwritten signature in cursive script that reads "L Strang". The signature is written in black ink and includes a horizontal line underneath the name.

***Printed Name of IRO Employee***  
***Lee-Anne Strang***  
***Senior PRN Supervisor***  
***CompPartners***