



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1535-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Robert LeGrand, Jr, M.D.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 7/6/06

### **Review Data:**

- **Response to IRO Request For Records dated 6/22/06, 5 pages.**
- **Notification of IRO Assignment dated 6/16/06, 1 page.**
- **Receipt of Request dated 6/16/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/31/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Physical Examination dated 4/17/06, 3/20/06, (date unspecified), 6 pages.**
- **Procedure Report dated 5/18/06, 4/24/06, 6 pages.**
- **Request Review dated 5/9/06, 1 page.**
- **Lumbar Spine MRI dated 4/6/06, 1 page.**
- **Letter dated 1/12/06, 12/12/05, 3 pages.**
- **Lumbar Myelogram dated 12/23/05, 2 pages.**
- **Lumbar CT Scan dated 12/23/05, 1 page.**
- **Lumbar X-ray dated 12/12/05, 1 page.**
- **Retrospective Peer Review Report dated 6/2/05, 4 pages.**
- **Designated Doctor Evaluation dated 2/16/05, 5 pages.**
- **Report of Medical Evaluation dated 2/16/05, 5/21/04, 6 pages.**
- **Evaluation dated 12/15/04, 2 pages.**
- **Report of Independent Medical Examination dated 12/10/04, 1 page.**
- **Peer Review dated 3/24/04, 4 pages.**
- **Article Regarding Spinal-Fusion Surgery (date unspecified), 5 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for lumbar laminectomy with fusion and instrumentation at L4-5 and L5-S1, with a 1 day length of stay.

**Determination: UPHELD** - previously denied request for lumbar laminectomy with fusion and instrumentation at L4-5 and L5-S1, with a 1 day length of stay.

**Rationale:**

**Patient's age:** 48 years

**Gender:** Male

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

**Mechanism of Injury:** Injured back while working on a module belt feeder.

**Diagnoses:** Likely lumbar strain with some mild right lower extremity radiculopathy, disc disruption at L4-S1.  
Status post, 01/05/04 right L5-S1 lumbar decompression.  
Post-traumatic chronic mechanical low back disorder with discopathies and probable radiculopathies.  
Anxiety and depression.

The claimant is a 48-year-old male who was receiving treatment for low back pain. On 01/05/04, he underwent a right L5-S1 lumbar decompression. Postoperatively, he received physical therapy. He developed pain in the right lumbar region without leg symptoms, and swelling in the right flank region. Dr. Singleton performed an Independent Medical Evaluation (IME), on 12/10/04, at which time he stated that a recent MRI showed some lingering scar tissue, without a new disc herniation. Dr. Singleton felt that the claimant was at maximum medical improvement (MMI) and could be released, and was not a candidate for further long term treatment, including injections, diagnostic interventions or surgery. He recommended further treatment of only physician visits for medication refills, and determined that he needed only conservative treatment. He stated that the claimant did not need further therapy, equipment, injections, work hardening or conditioning. He was released to return to work. Dr. Drewry performed a Designated Doctor Evaluation (DDE), on 02/16/05, and indicated that a Functional Capacity Evaluation of 05/28/04, noted that the claimant could return to work at a light medium duty, allowing for lifting a maximum of 35-pounds, and carrying objects weighing up to 15 pounds. The claimant was deemed at maximum medical improvement (MMI) as of 02/16/05, and was assigned a 5 percent whole person impairment. He was allowed to return to work with the restrictions identified in the functional capacity evaluation. X-rays of the lumbar spine, performed on 12/12/05, revealed minor degenerative changes of the facet joints. On 12/12/05, the claimant presented to Dr. LeGrand for complaints of gradually worsening lumbosacral pain which radiated to the bilateral hips and legs, greater on the right side. There was some numbness, dysesthesias and weakness in the legs, despite a number of lumbar steroid injections, hydrocodone and muscle relaxants. He reported no relief post surgery. The examination noted diminished mobility of the low back, a flexed posture at the low back, loss of lumbar lordosis and tenderness over the right sciatic outlet. Straight leg raise was positive on the right at less than 45 degrees and at 60 degrees on the left. Reflexes were trace at the knees and absent at the ankles. He had little difficulty toe-standing and heel-standing on the right side. His gait was antalgic on the right and there was scattered hypalgesia down the lateral aspect of the distal right leg and foot. The diagnosis was post traumatic chronic mechanical low back disorder with discopathies and probable radiculopathies. A lumbar myelogram of 12/23/05, demonstrated a focal area of lucency involving the left exiting nerve root of L5, and to a lesser extent of L4, slight irregularity of the nerve root sleeve of S1 on the right (which might have been due to suboptimal filling) and a mild anterior extradural defect at the L4-5 level. The impression was thecal sac deformity and nerve root sleeve effacement. The lumbar CT showed mild degenerative disc disease at L4-5, with a left paramedian disc bulge. He was treated with various medications, a sacroiliac joint injection, and Botox injections into the right paravertebral musculature at various levels. An MRI

**CORPORATE OFFICE**

**18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612**

**TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995**

**E-MAIL: [prn@CompPartners.com](mailto:prn@CompPartners.com) TOLL FREE 1-877-968-7426**

of the lumbar spine, dated 04/06/06, showed no spinal stenosis nor significant foraminal narrowing. The claimant was also depressed. Surgery, to include a lumbar laminectomy and fusion of L4-5 and L5-S1, with a one day length of stay was recommended and denied twice on 04/24/06 and 05/18/06. Dr. Crawford evaluated the claimant on 05/22/06 and reported decreased pain post-Botox injections, but he complained of persistent sacroiliac joint pain on the right, increased with sitting. There was tenderness at L1-2, L2-3, L3-4 and L5 on the right, decreased spasms, tenderness of T7-12 on the right, and a positive Patrick's on the right. Low back pain and anxiety were diagnosed. The right sacroiliac joint was to be injected and Botox was to be repeated as needed. The claimant was encouraged to return to work.

Lumbar laminectomy and fusion at the L4-5 and L5-S1 level is not deemed medically necessary. The claimant had a prior lumbar decompression on 01/05/04 at the L5-S1 level. However, there was no documentation of any post-operative instability. Moreover, the plain X-rays did not demonstrate instability. Although there was a notation in the records that flexion/extension views were to be performed, the results of any flexion/extension films were not provided for review. In the absence of documentation of any instability, this reviewer would not agree with a lumbar fusion. It does appear that the claimant has evidence of radiculopathy and has failed conservative treatment interventions. Based thereon, a decompression may be warranted, however, a fusion simply for discogenic pain remains controversial and does not have good scientific validation. This reviewer agrees with the review of Dr. Preston, Neurosurgeon, on 05/18/06.

**Criteria/Guidelines utilized:** TDI/DWC Rules and Regulations.  
Principles And Techniques Of Spine Surgery, by Howard S. An, M.D.  
Spine Surgery: Techniques, Complication Avoidance, and Management, 2<sup>nd</sup> Edition, by Edward C. Benzel, M.D.

**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

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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 6<sup>TH</sup> day of July, 2006.***

***Signature of IRO Employee:***

A handwritten signature in cursive script that reads "Lee-Anne Strang". The signature is written in black ink and includes a long horizontal flourish at the bottom.

***Printed Name of IRO Employee***

***Lee-Anne Strang  
Senior PRN Supervisor  
CompPartners***