



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1543-01
Social Security #: _____
Treating Provider: Maribel Subia, DC.
Review: Chart
State: TX
Date Completed: 7/19/06

Review Data:

- **Notification of IRO Assignment dated 6/21/06, 1page.**
- **Receipt of Request dated 6/21/06, 1 page.**
- **Medical Dispute Resolution Request/Response (Date Unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Fax Cover Sheets dated 6/22/06, 5/22/06, 5/9/06, 4/6/06, 4 pages.**
- **Follow-Up Evaluations dated 6/12/06, 6/5/06, 5/18/06, 4/17/06, 4/6/06, 4/3/06, 3/30/06, 8 pages.**
- **Patient Information dated 3/30/06, 1/4/06, 11/17/05, 3 pages.**
- **Behavioral Health Treatment Pre-Authorization Requests dated 5/8/06, 3 pages.**
- **Letter dated 5/2/06, 3 pages.**
- **Behavioral Health Patient Information dated 5/1/06, 1 page.**
- **Review Determinations dated 4/19/06, 4/11/06, 2 pages.**
- **Work Status Reports dated 4/17/06, 3/17/06, 1/17/06, 1/3/06, 11/18/05, 6/21/05, 9/23/05, 8/22/05, 8/10/05, 7/22/05, 6/24/05, 6/13/05, 6/6/05, 6/1/05, 16 pages.**
- **Reports of Medical Evaluations dated 6/22/05, 3/16/05, 2 pages.**
- **Initial Behavioral Medicine Consultation dated 3/31/06, 6 pages.**
- **Claim Sheet dated 3/10/06, 1 page.**
- **Designated Doctor Evaluation dated 3/16/06, 4 pages.**
- **Procedure Reports dated 3/10/06, 1/20/06, 11/4/05, 3 pages.**
- **Radiology Charge Sheet dated 3/10/06, 1 page.**
- **Office Visits dated 2/1/06, 12/7/05, 11/9/05, 11/1/05, 10/12/05, 8/8/05, 7/25/05, 7/21/05, 7/20/05, 6/22/05, 6/10/05, 6/7/05, 6/3/05, 6/2/05, 6/1/05, 5/27/05, 5/25/05, 5/24/05, 5/23/05, 5/20/05, 29 pages.**
- **SOAP Notes dated 1/25/06, 1/18/06, 1/9/06, 12/19/05, 12/15/05, 11/18/05, 11/9/05, 11/7/05, 11/1/05, 10/26/05, 10/19/05, 10/11/05, 9/14/05, 8/24/05, 25 pages.**
- **Range of Motion Exam dated 1/4/06, 5 pages.**
- **Pre/Prior Authorization Requests dated 4/5/06, 11/14/05, 9/16/05, 3 pages.**
- **Consultations dated 11/17/05, 9/14/05, 8/17/05, 7 pages.**
- **Letter of Medical Necessity dated 9/21/05, 1 page.**

- **MRI Cervical Spine dated 7/30/05, 1 page.**
- **Narrative History dated 6/22/05, 1 page.**
- **Activity Status Reports dated 5/23/05, 5/20/05, 8/8/05, 7/25/05, 7/21/05, 7/20/05, 6/22/05, 6/10/05, 6/7/05, 6/3/05, 6/2/05, 6/1/05, 5/27/05, 5/23/05, 18 pages.**
- **Anesthesia Records dated 11/4/05, 2 pages.**
- **Clinical Notes dated 4/6/06, 2/20/06, 1/5/06, 9/13/05, 8/30/05, 8/22/05, 8/3/05, 8/1/05, 6/24/05, 6/15/05, 5/23/05, 3 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for anterior cervical discectomy and fusion at C4-5, with placement of cervical plate.

Determination: UPHELD - the previously denied request for anterior cervical discectomy and fusion at C4-5, with placement of cervical plate.

Rationale:

Patient's age: 53 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Fell and hit shoulder and face.

Diagnoses: Cervical pain; cervical radiculopathy.

The claimant is a 53-year-old female who has been treated for cervical pain, following an injury reported on _____. She had ongoing complaints of pain in the neck, restricted motion, pain into the bilateral shoulders, right greater than left and pain into the right arm to the hand with numbness and tingling into the fingers. Initial treatment consisted of therapy, work restrictions and medications.

A 07/30/05 MRI showed congenital narrowing of the anterior/posterior diameters of the cervical canal due to shorter pedicles. At C4-5, there was a disc protrusion mildly indenting the cord and causing mild stenosis, and at C5-6 there was a disc protrusion moderately indenting the cord and causing moderate stenosis.

The claimant has seen numerous physicians for her ongoing pain. Dr. Gonzalez provided chiropractic treatment, and Dr. Farhat, pain management with trigger point injection and epidural steroid injection with partial relief. On the 11/17/05 visit with Dr. Battle, a neurosurgeon, there was decreased cervical motion with 4/5 strength in the right biceps and brachial radialis. Spurling's was positive, and there was hypoesthesia in the right C5 and 6. Medications and treatment with Dr. Gonzalez were continued.

Dr. Fuentes performed a designated doctor examination on 03/16/06, for bilateral shoulder and jaw pain. He found there was spasm, tenderness and foraminal compression causing radiation into the bilateral shoulders. Sensation was decreased in the right C5-6 dermatomes, with weakness noted. When Dr. Battle rechecked the claimant on 04/03/06, the right biceps reflex was decreased, as well. Anterior cervical discectomy and fusion at C4-5 and 5-6 was requested. This request has been denied and a dispute resolution has been initiated.

The claimant is noted to have diminished sensation in the right C5-6 dermatomes, with weakness. The right biceps reflex was noted to be decreased, as well. However, objective pathology by MRI demonstrated a 3-4 mm left paracentral disc protrusion at C4-5 resulting in mild stenosis and a 4-5 mm left paracentral disc protrusion at C5-6. It was noted specifically, that the neuroforamen were widely patent, bilaterally. Though the claimant had evidence of a radicular pattern to her complaints, these appear to involve the right upper extremity and do not appear to correlate with the MRI. Based on the lack of correlation between the objective findings on MRI and the claimant's physical examination, the requested surgery cannot be deemed to be medically necessary. Based solely on the records reviewed, this reviewer is unable to recommend approval of this surgery. In the absence of clinical radiculopathy that correlates with objective neuroforaminal compromise, it is difficult to justify the surgery as requested. An EMG/NCV may be helpful to clarify the objective pathology and correlate objective findings with clinical examination.

Criteria/Guidelines utilized: Official Disability Guidelines 2006 Fourth Edition, Treatment in Worker's Comp, Low Back; pp 814-816.
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.

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

Page # 4
Date: 1/23/2007

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 day of _____ 2006.

Signature of IRO Employee:

A handwritten signature in cursive script, appearing to read "L Strang", written in black ink. The signature is positioned to the right of the text "Signature of IRO Employee:" and is underlined with a horizontal line.

Printed Name of IRO Employee Leea Strang

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426