



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1562-01

**Treating Provider:** Kenneth Berliner, MD.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 8/10/06

### Review Data:

- Notification of IRO Assignment dated 6/28/06, 1 page.
- Receipt of Request dated 6/28/06, 1 page.
- Medical Dispute Resolution Requests/Responses dated 6/6/06, 3 pages.
- Tables of Disputed Services (date unspecified), 2 pages.
- Lists of Treating Providers (date unspecified), 2 pages.
- History and Physicals dated 2/16/06, 1/17/06, 6 pages.
- Nerve Conduction Report dated 2/16/06, 4 pages.
- Required Medical Evaluation dated 8/30/04, 6 pages.
- Report of Medical Evaluations dated 8/30/04, 10/24/03, 7/29/03, 4 pages.
- Letters dated 7/5/06, 6/21/06, 6/5/06, 4 pages.
- Peer Review dated 5/12/06, 8 pages.
- Non-Authorization Recommendations dated 5/12/06, 4/27/06, 5 pages.
- Operative Reports dated 11/21/03, 4/29/03, 4/5/06, 8 pages.
- Authorization Recommendation dated 2/9/06, 1 page.
- Prescriptions dated 1/17/06, 2 pages.
- X-Rays Cervical dated 1/2/06, 10/9/03, 2 pages.
- Patient Information 11/4/05, 7/15/05, 10/14/04, (Date Unspecified), 5 pages.
- Physical Findings Summaries dated 11/4/05, 7/15/05, 10/14/04, 4 pages.
- Motion Study dated 11/10/03, 2 pages.
- Electrodiagnostic Report dated 10/30/03, 4 pages.
- Myelogram Cervical dated 4/2/03, 4 pages.
- X-Rays Lumbar Spine dated 4/2/03, 1 page.
- MRI Lumbar Spine dated 2/24/03, 2 pages.
- Fax Cover Sheets dated 6/6/06, 5/19/06, 3 pages.
- Review Form dated 6/2/06, 1 page.
- Telephone Conference dated 5/8/06, 1 page.
- Office Visits dated 4/18/06, 2 pages.
- Orthopedic Reports dated 1/2/06, 11/4/05, 7/15/05, 10/14/04, 4/15/04, 2/12/04, 1/5/04, 12/4/03, 11/10/03, 10/9/03, 8/25/03, 19 pages.
- Designated Doctor Evaluation dated 10/24/03, 6 pages.

- **Impairment Report (Date Unspecified), 2 pages.**
- **Impairment Rating Evaluation Report dated 7/29/03, 4 pages.**
- **Progress Note dated 7/29/03, 1 page.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for right RFTC C2-3, C3-4, C4-5 and C5-6.

**Determination: REVERSED** - Right RFTC C2-3, C3-4, C4-5 and C5-6.

This recommendation is based on medical necessity. It does not guarantee payment or acceptance of additional body parts or injuries into this claim.

**Rationale:**

**Patient's age:** 50 years

**Gender:** Male

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

**Mechanism of Injury:** Tripped and fell, injuring neck and right shoulder.

**Diagnoses:** Status post cervical fusion C5-6 and C6-7 (date unknown); cervical laminectomy C4-7, epidural fat graft, fusion, exploration and removal of posterior spinal wiring, 4/29/03

This claimant alleged neck and right shoulder pain following a \_\_\_\_ trip-and-fall culminating in a 4/29/03 cervical laminectomy at C4-7 and fusion. In addition, on 11/21/03, the claimant underwent a right shoulder arthroscopy for debridement of the rotator cuff, excision of biceps tendon, partial debridement of glenohumeral compartment, subacromial decompression, rotator cuff repair and distal clavicle resection by Dr. Berliner. The past medical history included a fusion at C5-6 and C6-7 on an unknown date. Post-operatively, the claimant was slow to recover for his shoulder complaints and was given permanent restrictions from lifting or pulling with his shoulder by Dr. Berliner on 10/14/04. By 1/2/06, Dr. Berliner noted that the right shoulder was no longer a problem and that the claimant's main complaint was his cervical pain. At that time, X-rays of the cervical spine showed a C5 to C7 fusion with the fusion appearing solid. Due to clinical findings of a positive Spurling's sign, diminished sensation to the right middle finger and the diagnosis of cervical radiculopathy, Dr. Berliner referred the claimant to Dr. Ribeiro for evaluation for possible selective nerve root blocks. On 1/17/06, Dr. Ribeiro's examination findings were pain on palpation of the facet joint on the right C2-3 and C5-6 with trigger points noted in the area of the trapezius and scapula. Dr. Ribeiro recommended an electromyogram (EMG), facet joint injections, trigger point injections and, if no response, methadone. The 2/16/06 EMG showed severe chronic left C8 radiculopathy and moderate severe right carpal tunnel syndrome. In addition, there was mention of a history of left elbow surgery. On 4/5/06, Dr. Ribeiro performed right facet injections at four levels and trigger point injections to two levels. A follow-up visit with Dr. Ribeiro on 4/18/06 documented the claimant reporting 60 percent relief of pain for three weeks in duration and then the return of symptoms with the same intensity. On 5/12/06, Dr. Kirkwood performed a medical record review and opined that extreme caution should be given since the claimant had already undergone two surgeries for the cervical spine and one for the right shoulder. Dr. Kirkwood also felt that the claimant was not a surgical candidate and would have waxing and waning of complaints that should be treated with anti-inflammatory and over-the-counter medications. Two other reviews for radiofrequency

**CORPORATE OFFICE**

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thermocoagulation were performed on 4/27/06 and 5/12/06, which also denied the request. The claimant has had the prerequisite injections and facet injections at those levels. He reported 60 percent pain relief for at least three weeks, and then the pain returned to the same intensity. Based on the claimant's positive response to the facet injections and medial branch blocks, the reviewer recommends the radiofrequency thermocoagulation ablation as medically necessary.

**Criteria/Guidelines utilized:** ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 8.  
Orthopaedic Knowledge Update the Spine 2, page 207.  
Rothman and Simeone, The Spine, 3<sup>rd</sup> Edition Chapter 52, page 1987.

**Physician Reviewer's Specialty:** Orthopedic Surgeon

**Physician Reviewer's 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.

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 August 10, 2006

Signature of IRO Employee:

Printed Name of IRO Employee    Lee-Anne Strang

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