CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-1619-01
Social Security #: XXX-XX-
Treating Provider: Gregory Smith, DO
Review: Chart
State: TX
Date Completed: 8/8/06

Review Data:

- **Notification of IRO Assignment dated 6/29/06, 1 page.**
- **Receipt of Request dated 6/29/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/16/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Fax Cover Sheet dated 6/29/06, 4/4/06, 2 pages.**
- **Case Review dated 5/8/06, 4/24/06, 4/19/06, 4/4/06, 7 pages.**
- **Letter dated 4/18/06, 4/12/06, 2/2/06, 7/6/04, 6/11/04, 10/30/03, 4/17/03, 19 pages.**
- **Lumbar Spine CT Scan dated 5/1/06, 2 pages.**
- **Lumbar Spine MRI dated 11/16/05, 1 page.**
- **SOAP Notes dated 12/2/05, 4/22/05, 10/29/04, 3/17/03, 4 pages.**
- **History and Physical dated 5/1/06, 6/3/03, 9/19/00, 9 pages.**
- **Legal Letter dated 7/5/06, 6 pages.**
- **Article on Spinal Fusion Surgery (date unspecified), 5 pages.**
- **Texas Workers' Compensation Commission Statement of Pharmacy Services dated 5/14/06, 4/30/06, 4/19/06, 4/9/06, 4/7/06, 4/2/06, 3/22/06, 2/19/06, 2/13/06, 2/12/06, 2/1/06, 1/29/06, 1/22/06, 1/13/06, 1/9/06, 1/8/06, 1/1/06, 12/22/05, 12/20/05, 12/18/05, 12/11/05, 11/27/05, 11/20/05, 10/23/05, 9/13/05, 8/29/05, 7/17/05, 6/26/05, 5/18/05, 5/1/05, 4/22/05, 3/21/05, 3/6/05, 1/23/05, 1/9/05, 12/24/04, 12/12/04, 11/7/04, 10/31/04, 10/17/04, 9/13/04, 8/29/04, 7/20/04, 6/23/04, 6/6/04, 5/25/04, 4/30/04, 4/16/04, 3/23/04, 3/16/04, 2/25/04, 2/24/04, 1/28/04, 1/27/04, 1/6/04, 1/2/04, 12/6/03, 12/2/03, 11/6/03, 10/24/03, 10/21/03, 9/28/03, 9/16/03, 8/21/03, 8/19/03, 8/7/03, 7/31/03, 7/22/03, 7/7/03, 7/1/03, 6/18/03, 6/17/03, 4/16/03, 3/25/03, 3/12/03, 3/4/03, 2/5/03, 1/16/03, 1/15/03, 12/20/02, 11/8/02, 10/17/02, 10/2/02, 9/18/02, 9/4/02 8/7/02, 5/8/02, 3/4/02, 5/16/01, 2/1/01, 8/18/00, 8/2/00, 5/10/00, 3/28/00, 10/28/99, 10/21/99, 9/28/99, 9/2/99, 7/23/99, 7/9/99, 6/17/99, 5/19/99, 5/12/99, 4/16/99, 4/13/99, 3/31/99, 3/15/99, 3/2/99, 2/19/99, 110 pages.**
- **Email dated 4/19/06, 2/17/06, 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 2/24/05, 4/29/04, 10/30/03, 6/17/03, 4 pages.**
- **Employee's Request to Change Treating Doctors dated 10/30/03, 10/12/01, 2 pages.**

- **Follow-up Visit dated 3/11/03, 12/5/02, 10/16/02, 10/3/02, 8/22/02, 5/22/02, 3/12/02, 5/6/99, 9 pages.**
- **Patient Information (date unspecified), 2 pages.**
- **Billing Statements dated 10/3/02, 9/26/02, 9/10/02, 8/28/02, 8/15/02, 7/31/02, 1/10/02, 3/1/01, 1/5/01, 11/1/00, 8/1/00, 7/1/00, 5/1/00, 4/3/00, 2/1/00, 1/3/00, 12/1/99, 17 pages.**
- **Daily Notes dated 4/19/02, 4/17/02, 1 page.**
- **Therapy/Exercise Data Sheet dated 4/19/02, 4/17/02, 1 page.**
- **Pre-Certification dated 3/6/02, 1 page.**
- **Physical Therapy Re-evaluation dated 2/28/02, 1/28/02, 4 pages.**
- **Physical Therapy Initial Evaluation dated 10/10/01, 3 pages.**
- **Documentation Record dated 2/12/01, 1/11/01, 10/18/00, 8/13/00, 6/7/00, 3/28/00, 2/14/00, 12/30/99, 8 pages.**
- **Duty Status Report dated 2/12/01, 12/14/00, 2 pages.**
- **Procedure Report dated 11/22/00, 1 page.**
- **Operative Report dated 11/22/00, 10/21/99, 4/9/99, 3/22/99, 3/12/99, 3/4/99, 10 pages.**
- **Work Status dated 6/14/00, 1 page.**
- **Report of Medical Evaluation dated 4/25/00, 9/13/99, 2 pages.**
- **Evaluation dated 4/17/00, 8 pages.**
- **EMG Study dated 9/12/99, 2 pages.**
- **Consultation dated 9/16/99, 6 pages.**
- **Recommendation (date unspecified), 1 page.**
- **Pre-Treatment Assessment dated 7/16/99, 7/14/99, 7/12/99, 7/9/99, 7/7/99, 6/28/06, 6/25/99, 7 pages.**
- **Progress Report dated 7/16/99, 7/14/99, 7/12/99, 7/9/99, 7/2/99, 6/29/99, 6/28/99, 6/25/99, 6/21/99, 9 pages.**
- **Progress Note dated 7/16/99, 7/12/99, 7/9/99, 7/2/99, 6/25/99, 6/21/99, 6 pages.**
- **Initial Evaluation dated 6/1/99, 3 pages.**
- **Disability Certificate dated 5/6/99, 1 page.**
- **Examination dated 2/25/99, 3 pages.**
- **Prescriptions dated 3/1/99, 2/22/99, 1/29/99, 1/25/99, 1/24/99, 4 pages.**
- **Lumbar Spine X-ray dated 1/24/99, 1 page.**
- **Discharge Summary dated 4/19/02, 1 page.**
- **Employer's First Report of Injury or Illness dated 2/8/99, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for bilateral laminectomy at L3-4, L4-5; transforaminal lumbar interbody fusion (TLIF) at L3-4 and L4-5, with L5-S1 instrumentation pedicle screws.

Determination: UPHELD - bilateral laminectomy at L3-4, L4-5; transforaminal lumbar interbody fusion (TLIF) at L3-4 and L4-5, with L5-S1 instrumentation pedicle screws.

Rationale:

Patient's age: 51 years

Gender: Male
Date of Injury: ____
Mechanism of Injury: Lifting a truck tire and twisted, felt pop in low back.

Diagnoses: Status post, 10/1999 lumbar laminectomy and discectomy.
Status post, 12/2005 lumbar radiculitis, with negative MRI, symptomatically poorly controlled.
Mechanical low back pain.

This 51-year-old male had a history of low back pain since 1999. The records indicated that the back pain with radiculopathy was secondary to disc herniations, and the claimant underwent a lateral discectomy at L3-4 and L4-5 in October 1999. The claimant did well until March 2005, when reportedly, there was an increase in symptoms after the claimant lifted heavy equipment. The claimant continued conservative treatment for chronic mechanical back pain. A repeat lumbar MRI was done on 11/22/05, and showed degenerative disc disease and mild to moderate hypertrophic facet joint change. According to the records, due to significant lumbar stenosis with severe disc collapse, absent reflexes and continued lumbar pain, a lumbar laminectomy and fusion was recommended. A CT lumbar spine following a myelogram was done on 05/01/06. The results showed previous surgery at L5-S1, with near complete loss of disk height at L5-S1, facet joint degenerative changes bilaterally, mild central canal stenosis at L4-5, and a disk bulge at L3 that indented the anterior thecal sac that contributed to mild central canal stenosis. This reviewer cannot recommend the proposed decompression and fusion for this claimant as being medically necessary. The claimant does have evidence of spinal stenosis, but his pain complaints were primarily back pain, as opposed to leg pain. There was no evidence of radiculopathy. He has some mild diminution in his patellar reflex but no evidence of any neurologic changes or electrodiagnostic evidence to support neurologic compromise. Based on the fact the claimant's pain was primarily back as opposed to leg pain, he had no evidence of spinal instability and no evidence of neurologic compromise, this reviewer cannot recommend the decompression and fusion as being medically necessary for this claimant.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
Official Disability Guidelines, Fourth Edition, Treatment in Worker's Compensation, 2006 p. 808, p. 814-816.

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.

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 8, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee ***Lee-Anne Strang***

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