CompPartners Final Report

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

Claimant Name: .
Texas IRO # :
MDR #: M2-06-1628-01
Social Security #: XXXXX
Treating Provider: Larry Kjeldgaard, DO.
Review: Chart
State: TX
Date Completed: 7/19/06

Review Data:

- **Notification of IRO Assignment dated 6/22/06, 1 page.**
- **Receipt of Request dated 6/22/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/12/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **E-Mail dated 6/23/06, 1 page.**
- **Invoices dated 6/29/06, 6/23/06, 3 pages.**
- **Fax Cover Sheets dated 6/22/06, 5/19/06, 5/8/06, 2/10/06, 3 pages.**
- **Determination Letters dated 5/25/06, 5/22/06, 5/11/06, 5/9/06, 5 pages.**
- **Letter of Medical Necessity for 5/15/06, 1 page.**
- **Office Visits dated 5/11/06, 1/11/05, 12/7/04, 5 pages.**
- **Insurance Verification Forms dated 5/8/06, 8/29/05, 2 pages.**
- **Follow-Up Consultations dated 5/18/06, 5/3/06, 4/18/06, 3/13/06, 2/28/06, 1/31/06, 1/30/06, 11/17/05, 8/18/05, 9 pages.**
- **Supplemental Report dated 1/25/06, 2 pages.**
- **Re-Examination dated 1/11/06, 4 pages.**
- **MRI's Lumbar Spine dated 5/1/06, 10/25/05, 7/14/04, 11/26/02, 11/1/02, 6 pages.**
- **SOAP Note dated 12/21/04, 1 page.**
- **Discogram Reports dated 12/20/04, 11/1/04, 2 pages.**
- **CT Scan Lumbar Spine dated 12/20/04, 1 page.**
- **Radiology Review dated 11/23/04, 1 page.**
- **History and Physical dated 11/23/04, 3 pages.**
- **Nerve Conduction Studies dated 12/11/02, 1 page.**
- **Initial Consultation/Electrodiagnostic Studies dated 4/28/06, 7/8/04, 6 pages.**
- **Letter dated 2/6/06, 1 page.**
- **Progress Note dated 2/15/05, 1 page.**
- **Follow-Up Examinations dated 10/5/04, 9/2/04, 8/10/04, 7/20/04, 8 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for total disc replacement at L5-S1.

Determination: UPHELD - the previously denied request for total disc replacement at L5-S1.

Rationale:

Patient's age: 48 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Loading luggage and felt low back and left leg numbness.

Diagnoses: Status post L5-S1 left laminectomy, July 2003.

The claimant is a 48 year old male who had an L5-S1 left laminectomy in 2003. On ___, while working as a baggage handler, he lifted luggage and felt low back and left leg pain. A 07/14/04 MRI showed L3-4 and 4-5 annular bulges touching but not effacing the thecal sac. There was minimal sclerosis of the bilateral facets. At L5-S1 there was a left laminectomy with granulation and minimal retraction of the thecal sac. There was a small focal bulge/protrusion extending in the anterior pre-thecal epidural space above the level of the S1 nerve root. An 11/01/04 discogram documented that there was an L3-4 annular tear with non-concordant pain, and at L4-5 right was an annular tear with non-concordant pain. The L5-S1 level showed an annular tear with leakage and concordant pain. In November 2004, Dr. Guyer recommended disc replacement surgery. The claimant then came under the care of Dr. Kjelgaard on 08/18/05, for low back and left leg pain with numbness and tingling. There was left quadriceps and extensor hallucis longus weakness. Decreased sensation was appreciated over the left first toe and anterior thigh. On X-ray, there was no spondylolisthesis. Dr. Kjeldgaard also recommended L5-S1 artificial disc replacement. On 10/25/05, the MRI of the lumbar spine with and without contrast, showed L1-2 endplate degenerative changes with Schmorl's nodes and disc dessication, L3-4 left posterolateral disc bulge with disc dessication, L4-5 1-2mm posterior disc bulge with mild facet arthropathy, and L5-S1 left posterior laminectomy and discectomy with moderate enhancement post contrast with no residual or recurrent herniation and mild facet arthropathy and moderate posterior narrowing and disc dessication. Dr. Ciepela saw the claimant on 01/11/06. He noted that there was healthy disc material present at L5-S1 and no instability. He noted that the claimant was not a candidate for fusion and that other alternatives might include discectomy or disc replacement, but felt that surgery would not be related to the 2004 injury. Dr. Kjeldgaard once again recommended disc replacement in January 2006. The examination remained unchanged. Disc replacement was denied two times on peer review, and a dispute resolution has been requested. This reviewer cannot recommend the proposed disc replacement as being medically necessary for this claimant. This has not been proven to be effective. The use of disc replacements is still controversial and the literature is mixed in terms of its support for this procedure. It certainly has not yet been conclusively proven to be effective for discogenic pain. This reviewer cannot recommend it as being medically necessary.

Criteria/Guidelines utilized: Tropiano P, Huang RC, Girardi FP, Cammisa FP, Marnay T: Lumbar Total Disc Replacement: Seven to Eleven Year Follow-Up. The Journal of Bone and Joint Surgery, Volume 87-A, Number 3, March 2005 (artificial disc).

Physician Reviewers Specialty: Orthopedic Surgery

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 2006.

Signature of IRO Employee:

Printed Name of IRO Employee Leea Strang

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