



CompPartners Final Report



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

Claimant Name:

Texas IRO # :

MDR #: M2-06-1651-01

Social Security #: XXX-XX-

Treating Provider: Octavio Licon, MD

Review: Chart

State: TX

Date Completed: 7/31/06

Review Data:

- **Notification of IRO Assignment dated 7/5/06, 1 page.**
- **Receipt of Request dated 7/5/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/16/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Fax Cover Sheet dated 7/13/06, 7/5/06, 2 pages.**
- **Office Visit dated 6/16/06, 5/15/06, 4/10/06, 5 pages.**
- **Lumbar Spine MRI dated 3/21/06, 1 page.**
- **Prospective Review (M2) Response dated 7/12/06, 2 pages.**
- **Letter dated 6/6/06, 5/15/06, 2 pages.**
- **Pre-Authorization dated 6/6/06, 5/15/06, 2 pages.**
- **Authorization Request dated 5/30/06, (date unspecified), 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for lumbar facet block.

Determination: **UPHELD** - the previously denied request for lumbar facet block.

Rationale:

Patient's age: 67 years

Gender: Female

Date of Injury: __

Mechanism of Injury: Lifting a pot of food.

Diagnoses: Lumbago; lumbar radiculopathy; spondylolisthesis.

Based on the information provided, this claimant sustained a work-related lumbar injury on October 18, 2001, when she lifted a pot of food and developed back pain and left lower extremity radicular symptoms. Subsequent to the injury, conservative treatment was attempted with physical therapy, medication management, and interventional pain management procedures, all of which gave her minimal relief and eventually, on April 17, 2002, the claimant underwent a L4-L5 lumbar laminectomy, performed by Dr. Vasquez. Reportedly, following the surgery, the patient had a full recovery, both in the low back pain and radicular symptoms until February 2006, at which time, the low back pain seemed to have exacerbated.

The patient's present baseline pain was notable at a VAS score ranging from 4/10 to 9/10. The patient also has associated findings of right lower extremity tightness, fatigue, and paresthesia with some pain along the lateral thigh and numbness on the plantar aspect of the right foot. A lumbar MRI report performed on March 21, 2006, revealed at the L4-5 level, a severe spinal canal stenosis with severe right and moderate left neuroforaminal stenosis secondary to spondylolisthesis, facet arthropathy, and diffuse disk bulge.

Current medication management consists of Ultracet and Celebrex. Current objective findings consist of no difficulty ambulating and/or standing from a sitting position. Tenderness was noted in the lower lumbar paraspinal muscles; the lumbar spine had good range of motion; pain exacerbated with extension and lateral rotation; lower extremity was neurovascularly intact, with a decrease in left patellar reflex; and negative straight leg raise.

Of note, there was no known documentation of conservative treatment of this patient for a very recent low back pain exacerbation. From the current follow-up note submitted, the patient continued to have lumbar pain that was alleviated with medication and only had some mild, intermittent right lower extremity radicular symptoms, "the medication has been quite effective." Based on the information presented to this reviewer, the request for lumbar facet block is denied because:

1. This patient does not appear to have a reasonable suspicion for lumbar facet pain. There was a noted discrepancy in physical examinations performed by the requesting provider in the follow-up note submitted.
2. There was mention made of myofascial pain in the lumbar paravertebral muscles. This patient appeared to have myofascial pain as stated by the requesting physician, and it appeared to be the reason that this patient's low back was hurting.
3. The ACOEM Guidelines do not recognize facet blocks to be therapeutic, but only to be diagnostic if lumbar medial branch injections and lumbar medial branch rhizotomies are being considered. As this patient does not appear to have facet pain, and there is no plan to perform rhizotomies if this patient did have facet pain, there is no reason to certify lumbar facet block injections. Furthermore, the requests do not specify location and/or number of proposed "blocks."

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

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ACOEM Guidelines, 2nd Edition, Chapter 12.

Physician Reviewers Specialty: Pain Management

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 31st day of July, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

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

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