CompPartners Final Report

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

Claimant Name:
Texas IRO # :
MDR #: M2-06-1653-01
Social Security #: XXX-XX-
Treating Provider: Jacob Rosenstein, MD
Review: Chart
State: TX
Date Completed: 8/10/06

Review Data:

- **Notification of IRO Assignment dated 7/6/06, 1 page.**
- **Receipt of Request dated 7/6/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/15/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Case Review dated 6/9/06, 5/31/06, 7/29/03, 10 pages.**
- **Letter dated 6/1/06, 12/12/05, 6/23/05, 7/15/04, 10/29/03, 2/20/02, 10/17/01, 6/1/06, 8/27/01, 6/12/01, (date unspecified), 11 pages.**
- **Independent Review Organization Summary dated 7/12/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 4/16/01, 1 page.**
- **Notice of Independent Review Decision dated 9/22/04, 1/26/04, 5 pages.**
- **Prescriptions (dates illegible), 2 pages.**
- **Patient Report (date unspecified), 1 page.**
- **Texas Workers' Compensation Work Status Report dated 12/31/03, 4/30/02, 1/31/02, 1/28/02, 11/21/01, 10/20/01, 9/23/01, 4/17/01, 4/13/01, 9 pages.**
- **Attending Physician's Return to Work Recommendations Record dated 4/16/01, 1 page.**
- **Lumbar Spine MRI dated 4/20/01, 1 page.**
- **Cervical Spine MRI dated 4/25/01, 1 page.**
- **Cervical Spine X-ray dated 4/17/01, 2 pages.**
- **Neurosurgical Consultation dated 5/8/01, 2 pages.**
- **Cervical Myelogram dated 6/1/01, 6 pages.**
- **Progress Note dated 6/12/01, 1 page.**
- **History and Physical Examination dated 11/21/01, 6/22/01, 6 pages.**
- **Functional Capacity Evaluation Summary dated 12/23/03, 9/12/01, 6/27/01, 19 pages.**
- **Psychological Evaluation Report dated 7/15/01, 6 pages.**
- **Report of Medical Evaluation dated 8/5/03, 10/27/01, 9/15/01, 3 pages.**
- **Required Medical Examination dated 12/23/03, 9/13/01, 16 pages.**
- **Office Visit dated 8/5/03, 9/21/01, 9 pages.**

- **Letter of Dispute dated 3/29/04, 10/4/01, 3 pages.**
- **Wal-Mart Temporary Alternative Duty dated 10/16/01, 1 page.**
- **Examination dated 11/27/01, 3 pages.**
- **Lower Extremity Electrodiagnostic Study dated 12/13/01, 4 pages.**
- **Procedure Note dated 3/9/06, 11/21/05, 9/5/03, 1/21/03, 11/21/02, 3/6/02, 6 pages.**
- **Chart Notes dated 8/25/03, 7/21/03, 1/29/03, 9/23/02, 9/18/02, 9/4/02, 8/7/02, 7/25/02, 1/25/02, 9 pages.**
- **Follow-up Visit dated 5/18/06, 3/9/06, 1/12/06, 11/21/05, 9/26/05, 7/12/05, 6/29/04, 6/9/04, 3/1/04, 2/25/04, 1/29/04, 1/5/04, 12/30/03, 12/15/03, 12/2/03, 10/21/03, 10/3/03, 9/5/03, 8/25/03, 8/19/03, 8/6/03, 7/31/03, 7/1/03, 6/6/03, 5/7/03, 4/7/03, 3/7/03, 3/3/03, 2/5/03, 1/21/03, 1/6/03, 12/6/02, 11/21/02, 11/7/02, 10/24/02, 10/9/02, 9/25/02, 9/16/02, 9/12/02, 8/19/02, 8/12/02, 8/7/02, 7/19/02, 6/20/02, 6/3/02, 4/24/02, 3/6/02, 2/18/02, 1/25/02, 65 pages.**
- **Interval History dated 11/7/02, 10/24/02, 10/9/02, 8/19/02, 8/12/02, 8/7/02, 7/19/02, 6/20/02, 4/24/02, 3/6/02, 2/18/02, 11 pages.**
- **Chiropractic Therapy Visits dated 9/7/01, 9/6/01, 8/24/01, 8/9/01, 8/7/01, 8/3/01, 7/24/01, 7/12/01, 7/3/01, 6/25/01, 6/15/01, 6/14/01, 5/21/01, 5/18/01, 5/17/01, 5/11/01, 5/6/01, 5/5/01, 5/3/01, 5/1/01, 4/30/01, 4/23/01, 4/20/01, 4/18/01, 4/12/01, (date unspecified), 26 pages.**
- **Consultation dated 8/7/02, 3 pages.**
- **Chronic Pain Evaluation dated 3/10/04, 9/11/02, 6 pages.**
- **Lumbar Epidural Steroid Injection dated 1/13/03, 1 page.**
- **Lumbar Myelogram and CT dated 2/13/03, 1 page.**
- **Laboratory Report dated 8/25/03, 8/21/03, 9/12/02, 4 pages.**
- **Chest X-ray dated 8/21/03, 1 page.**
- **Medical Conference Report dated 10/29/03, 1 page.**
- **Medical Conference Note dated 6/7/06, 12/19/05, 7/23/04, 7/12/04, 11/4/03, 5 pages.**
- **Health and Behavioral Initial Assessment dated 2/18/04, 3 pages.**
- **Left Sacroiliac Joint Steroid Injection with Arthrography dated 7/12/05, 1 page.**
- **Psychotherapy Progress Notes dated 10/9/01, 9/20/01, 8/7/01, 3 pages.**
- **Biofeedback/Neurofeedback Session Report dated 10/4/01, 9/20/01, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for a CT scan of the lumbar spine at L1-S1 with reconstruction.

Determination: UPHELD – Previously denied CT scan of the lumbar spine at L1-S1 with reconstruction.

Rationale:
Patient's age: 45 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Slipped and fell.

Diagnoses: Cervical, thoracic and lumbar strain; Left wrist strain.

This 45-year-old claimant reportedly had a low back injury in ___ after a slip-and-fall. The records indicated that the claimant had received treatment for chronic cervical and lumbar radiculopathy, since the time of the injury. There was diagnostic evidence of L4-5 spondylolisthesis with L4-5 stenosis, secondary to anterior and posterior disease and a disc protrusion. Conservative management for this claimant had included numerous medications, physical therapy, a back support, a neuromuscular stimulator, trigger point injections, lumbar epidural steroid injections and sacroiliac joint injections. In December of 2003 a required medical re-examination was performed, which documented a complicated history with previous recommendations for a multi-disciplinary chronic pain program. It was established that the claimant would not be helped by any surgical intervention on the spine. Moreover, it had already been determined that the claimant had reached maximum medical improvement (MMI), in April of 2003. In June of 2006, the treating physician noted that the claimant's condition had worsened with increased low back pain and left leg pain. The claimant reported some numbness and tingling in both feet. The data submitted for review reflected that the claimant's pain was more intractable and was associated with left leg radicular symptoms. The physician, then, recommended a lumbar CT scan with reconstruction. It did not appear that this claimant sustained any type of new trauma, nor did it appear that the request was to rule out any type of fracture. An MRI is typically the study of choice to rule out stenosis. It was noted that the claimant had not undergone significant radiologic studies since the lumbar myelogram and CT scan had been performed, on 2/13/03. If there were a concern with regard to a change in the degree of stenosis at the L4-5 level, the lumbar CT with reconstruction would not be the study of choice. Based upon all of the foregoing, the reviewer is unable to reverse the previous denial of the requested CT scan with reconstruction.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

Orthopedic Knowledge Update: Spine, Chapters 7 and 24.

The Spine, 5th Edition, edited by Harry Herkowitz, M.D., et al.

Physician Reviewer's Specialty: Orthopedic Surgeon

Physician Reviewer's Qualifications:

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***

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