



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1837-01
Social Security #: XXX-XX--
Treating Provider: Robert Urrea, MD
Review: Chart
State: TX
Date Completed: 9/18/06

Review Data:

- **Notification of IRO Assignment dated 8/23/06, 1 page.**
- **Receipt of Request dated 8/23/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 7/31/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Case Review dated 6/28/06, 6/2/06, 4 pages.**
- **Independent Review Organization Summary dated 9/5/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 5/25/05, 1 page.**
- **Office Visit dated 8/4/06, 6/23/06, 6/8/06, 5/22/06, 5/3/06, 4/17/06, 4/3/06, 2/24/06, 2/1/06, 10/21/05, 9/23/05, 8/25/05, 7/22/05, 6/24/05, 5/25/05, ---, 16 pages.**
- **Examination dated 5/24/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 8/4/06, 6/23/06, 6/8/06, 5/22/06, 5/3/06, 4/17/06, 4/3/06, 2/24/06, 2/1/06, 10/21/05, 9/23/05, 8/25/05, 7/22/05, 6/24/05, 5/25/05, ---, 16 pages.**
- **Initial Evaluation dated 5/25/05, 5 pages.**
- **Lumbar Spine MRI dated 6/29/05, 1 page.**
- **Shoulder MRI dated 6/29/05, 1 page.**
- **Functional Capacity Evaluation dated 8/19/05, 8/18/05, 8 pages.**
- **Operative Report dated 1/17/05, 1 page.**
- **Lumbar Spine CT Scan dated 5/15/06, 1 page.**
- **Daily Notes dated 7/5/05, 7/1/05, 6/30/05, 6/27/05, 6/24/05, 6/23/05, 6/21/05, 6/20/05, 6/17/05, 6/16/05, 6/14/05, 6/13/05, 6/10/05, 6/9/05, 6/7/05, 2 pages.**
- **SOAP Notes dated 9/16/05, 8/23/05, 8/9/05, 8/4/05, 8/1/05, 7/26/05, 7/25/05, 7/22/05, 7/21/05, 7/14/05, 7/12/05, 7/11/05, 7/8/05, 7/7/05, 7/5/05, 7/1/05, 6/30/05, 6/27/05, 6/24/05, 6/23/05, 6/21/05, 6/20/05, 6/17/05, 6/16/05, 6/14/05, 6/13/05, 6/10/05, 6/9/05, 6/7/05, 6/6/05, 6/3/05, 6/2/05, 6/1/05, 5/31/05, 5/27/05, 5/26/05, 36 pages.**

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

Determination: UPHELD - previously denied request for lumbar facet blocks.

Rationale:

Patient's age: 36 years

Gender: Female

Date of Injury: ---

Mechanism of Injury: She was putting up overstock boxes in a bin weighing 40 to 50 pounds from a ladder, and she pulled her upper left shoulder.

Diagnoses: Cervical muscle strain; lumbar radiculopathy; spondylolisthesis.

This 36-year-old female sustained industrial injuries on ---. The compensable body parts included the left shoulder, cervical spine, thoracic spine, and the lumbar spine. The initial diagnosis was cervical muscle strain, and the current diagnoses included low back pain, lumbar radiculopathy, L5-S1 spondylitic spondylolisthesis, and bilateral pars fracture of L5. The claimant was initially under the care of Manouchehr Refaeian, M.D., a physical medicine specialist, who evaluated the claimant on the date of injury. He diagnosed cervical muscle strain and recommended conservative treatments, including application of TENS and an ice pack. She was to continue working with no lifting greater than 20 pounds and return for a one-week follow-up visit. She was prescribed Motrin, Soma, and a topical cream. She was administered a Toradol intra-muscular injection. The claimant also began chiropractic care with Trent A. Caskey, D.C. as of 5/25/05. Dr. Caskey diagnosed cervical sprain, left shoulder sprain, and lumbosacral sprain. Dr. Caskey did not agree with the release of the claimant to return to work with no lifting over 20 pounds in that the claimant should remain off work due to the acute injuries that she sustained. At the request of Dr. Caskey, the claimant underwent MRI scans of the lumbar spine and left shoulder on 6/29/05. The lumbar spine MRI scan demonstrated grade I L5-S1 spondylolisthesis, L5-S1 disc desiccation, a small central/left paracentral disc protrusion, moderate left and mild right neural foraminal stenosis at L5-S1, L4-L5 disc desiccation, and a small central disc protrusion. The left shoulder MRI scan was demonstrating supraspinatus tendinosis with mild bursal surface partial-thickness tearing, with associated subacromial/subdeltoid bursitis, narrowing of the posterior aspect of the rotator cuff outlet, and no evidence of a full-thickness rotator cuff tear. Dr. Caskey ordered a functional capacity evaluation that was performed on 8/18/05 and 8/19/05. The claimant was found to be significantly limited with regard to vocational activities. At the request of Dr. Caskey, the patient was referred to Robert E. Urrea, M.D. at the Texas Back and Neck Institute, where the claimant was initially evaluated on 10/14/05. He was diagnosed as having L4-L5 and L5-S1 disc herniations, left supraspinatus syndrome and cervical radiculopathy. As of the initial 10/14/05 evaluation, Dr. Urrea requested cervical spine diagnostic X-rays and a cervical MRI scan. A left L5-S1 epidural injection was proposed because of the left L5-S1 radiculopathy. The left shoulder cortisone injection was held, as the claimant had an upper respiratory infection. This was subsequently performed by Dr. Urrea on 10/28/05. Dr. Urrea also recommended that the claimant continue with physical therapy treatments. She was awaiting approval for the left L5-S1 epidural steroid injection. On 1/13/06, a left greater trochanteric steroid/local anesthetic injection was performed. On 1/17/06, the claimant underwent a left L5-S1 epidural injection with epidurogram by Dr. Urrea. This was performed under fluoroscopic guidance. At the follow-up visit of 2/1/06, the claimant reported 40 percent relief of lower extremity symptoms with no relief of the low back pain. There was also a significant benefit from the previous left greater trochanteric injection. On the 2/1/06 follow-up visit, Dr. Urrea requested a lumbar facet block because of the partial benefit from the lower extremity pain due to the left

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L5-S1 epidural steroid injection. On 2/24/06, Dr. Urrea reported that the effect of the prior epidural injection had resolved and that the claimant has returned to her baseline low back pain level. He again requested that a lumbar facet injection be pre-authorized. This request was non-authorized as of 6/2/06 and upheld upon appeal, on 6/28/06. The claimant underwent a lumbar spine CT scan on 5/15/06 demonstrating bilateral pars intra-articularis fractures at L5 with grade I anterolisthesis of L5 over S1. The claimant continued follow-up care with Dr. Urrea up to and including 8/4/06. In summary, the requested lumbar facet blocks are non-certified because the claimant was demonstrating low back pain with left lower extremity radicular pain and associated lumbar disc pathology, L5-S1 central and left paracentral disc protrusions, as well as L5-S1 spondylolisthesis. The claimant was not demonstrating sufficient clinical evidence of lumbar facet syndrome to medically justify the requested lumbar facet injections. Furthermore, there was significant discogenic pathology of lumbar spine with associated left lower extremity radiculopathy. According to the physical examination findings by Dr. Urrea, there was evidence of a decreased left Achilles reflex and an equivocal straight leg raise test on the left. There was also clinical evidence of painful lumbar extension and side flexion to the left. Subsequent examinations after the 1/17/06 L5-S1 epidural steroid injection by Dr. Urrea indicated painful lumbosacral motion in all planes, which would be less likely supportive of a lumbar facet syndrome. Additionally, the most recent submitted progress note by Dr. Urrea, dated 8/4/06, indicated decreased left great toe strength and decreased left anterior tibialis strength at 4/5, which would be more indicative of a left L5-S1 radiculopathy than a facet syndrome.

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

ACOEM Guidelines, 2nd Edition, Chapter 12.

Interventional Pain Management, 2nd Edition, edited by Steven D. Waldman; Chapter 42, entitled "Facet Block and Neurolysis", pages 446 to 484.

Physician Reviewers Specialty: Physical Medicine and Rehabilitation/Pain Management.

Physician Reviewers Qualifications: Texas Licensed D.O., 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

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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 September 18, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang