



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1891-01
Social Security #: XXX-XX-
Treating Provider: Albert Kincheloe
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 8/25/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/9/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Non Authorization Notice dated 7/18/06, 1 page.**
- **Reconsideration Notice dated 7/24/06, 1 page.**
- **Letter dated 9/5/06, 8/22/06, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for transforaminal epidural steroid injection (ESI).

Determination: **UPHELD** - previously denied request for transforaminal ESI.

Rationale:

Patient's age: 50
Gender: Male
Date of Injury: ---
Mechanism of Injury: Not provided for this review.

Diagnoses: Low back pain.

Of note, there was no clinical information/documentation submitted in the review material. Reportedly, subjective complaints consisted of pain in the back with intermittent radiation down the lower extremities, left greater than right. Reportedly, physical examination/objective findings revealed negative straight leg raise bilaterally and normal neurologic examination. Furthermore, a lumbar MRI was reportedly performed, which revealed a small central disk protrusion and facet hypertrophy at L4-5 level; very mild central canal stenosis noted.

With the information provided to this reviewer, recommendation is to uphold the non-authorization for transforaminal epidural steroid injection because of lack of available relevant clinical information in support of the application, particularly, no information regarding the presence of significant objective radiculopathy exists, absence of sensory, motor, or reflex deficit, although the patient seemed to have subjective symptoms indicative of radiculopathy.

In addition, the reported radiographic imaging study report of lumbar MRI did not reveal any disk herniation and/or significant nerve root compression.

Therefore, the request submitted does not meet the criteria for consideration of lumbar transforaminal epidural steroid injection as per the guidelines listed below.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
Current Acceptable Standard of Pain Management Practice.
ACOEM Guidelines, 2nd Edition, Chapters 8 and Chapter 12.
Interventional Pain Management, 2nd Edition edited by Steven D. Waldman; Chapter 39, entitled “Lumbar Epidural Nerve Block” pages 415 to 422.

Physician Reviewers Specialty: Pain Management/Anesthesiology

Physician Reviewers Qualifications: Texas Licensed M.D.

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.

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

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

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