



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1970-01
Social Security #: XXX-XX-
Treating Provider: Khosrow Zolfoghary, MD
Review: Chart
State: TX
Date Completed: 10/12/06

Review Data:

- **Notification of IRO Assignment dated 9/12/06, 1 page.**
- **Receipt of Request dated 9/12/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/21/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letter dated 8/10/06, 8/4/06, 7/18/06, 4/3/06, 1/19/06, 10 pages**
- **Progress Notes dated 7/31/06, 7/6/06, 5/11/06, 4/3/06, 2/27/06, 2 pages.**
- **Operative Report dated 2/14/06, 1 page.**
- **EMG Nerve Conduction Study dated 1/26/06, 3 pages.**
- **Evaluation dated 1/19/06, 2 pages.**
- **Lumbar Spine MRI dated 12/27/05, 1 page.**
- **Pain Consultation dated 3/2/06, 1/19/06, 1/5/06, 12/27/05, 4 pages.**
- **Initial Report dated 7/17/06, 1/12/06, 6 pages.**
- **Examination dated 9/1/06, 6/12/06, 6 pages.**
- **Musculoskeletal Examination dated 4/27/06, 2 pages.**
- **Carriers Statement dated 9/28/06, 2 pages.**
- **Notes dated 12/6/05, 1 page.**
- **Lumbar Spine Myelogram dated 6/7/06, 1 page.**
- **Lumbar Spine CT Scan dated 6/7/06, 1 page.**
- **Report of Medical Evaluation dated 8/4/06, 1 page.**
- **Review of Medical History and Physical Examination dated 8/4/06, 2 pages.**
- **Impairment Rating Report dated 8/7/06, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for laminectomy at L4-5.

Determination: UPHELD - laminectomy at L4-5.

Rationale:

Patient's age: 47 years

Gender: Male

Date of Injury: ---

Mechanism of Injury: Lifted newborn calf weighing approximately 40-50 pounds, and sustained injury to the back.

Diagnoses: Sacrum strain, lumbosacral strain.

Post traumatic herniated disc L4-5, left with radiculopathy left lower extremity.

Chronic back with radiculopathy in the left lower extremity, with two-level herniated nucleus pulposus at the L4-5 and L5-S1 level.

A ___ physician visit, noted the claimant with a two-month history of back pain radiating to the right leg. The claimant had a positive straight leg raise on the right with tenderness on examination, and was diagnosed with a lumbosacral strain. An MRI of the lumbar spine followed on 12/27/05, and showed L4-5 facet arthrosis and ligamentum flavum hypertrophy, with mild canal stenosis. The records indicated that the claimant's lumbar pain persisted, to include bilateral leg pain and weakness.

Conservative treatment included medication, physical therapy and an epidural steroid injection, without relief. A lumbar myelogram and CT performed on 06/07/06, showed moderate to severe spinal stenosis at L4-5 and minimal stenosis at L2-3 and L3-4. On 07/06/06, surgery was recommended. The claimant reportedly had evidence of a herniated disc at L5-S1 on the left, with radiculopathy in the right lower extremity. There was a positive leg raise with irritation of the sciatic nerve, slight weakness in dorsiflexion of the foot and weakness in the hamstring on the left. The claimant had difficulty with heel/toe walking and there was a reduction of pin prick sensation in the L5 and S1 dermatome on the left. A laminectomy at L4-5, due to the spinal stenosis and degenerative herniated disc, was recommended.

On the 08/28/06 physician visit, the claimant was noted to have continued severe low back pain. The treating physician noted that the claimant had not reached maximum medical improvement as previously reported on 08/04/06. Surgical intervention was again recommended. Based on the information provided for review, this reviewer cannot recommend the proposed laminectomy at L4-5, as being medically necessary. There were wide discrepancies between the laterality of the claimant's complaints. The claimant, at one visit, had left-sided complaints and other visits had right-sided complaints. The MRI appeared to show both right and left-sided pathology, depending on the person reading it at that time.

On 08/04/06, the claimant was found to have reached maximum medical improvement with a whole person impairment of five percent. There was insufficient evidence in the records to support the need for the proposed laminectomy at L4-5. There was certainly no clear-cut evidence of neurologic compromise and no myelopathic changes. The claimant did not show evidence of frank weakness and the electrodiagnostic studies were equivocal.

Based on the information reviewed, this reviewer cannot recommend this procedure as being medically necessary. Thus, this reviewer agrees with the determination of the insurance carrier regarding the denial.

CORPORATE OFFICE

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Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEM Guidelines, 2nd Edition, Chapter 12, p. 310.
Official Disability Guidelines, Fourth Edition, Treatment in Worker's Compensation, 2006, p. 808.
Orthopedic Knowledge Update: Spine, 2, Chapter 36, p. 344.

Physician Reviewers Specialty: Orthopedic Surgeon

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 October 12, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee *Lee-Anne Strang*

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