



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1780-01
Social Security #:
Treating Provider: Kenneth G. Berliner, M.D.
Review: Chart
State: TX
Date Completed: 9/21/06

Review Data:

- Notification of IRO Assignment dated 8/4/06, 1 page.
- Receipt of Request dated 8/4/06, 2 pages.
- Medical Dispute Resolution Request/Response dated 7/17/06, 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Correspondence dated 5/30/06, 8/18/04, 1/28/03, 4 pages.
- Peer Review dated 5/19/06, 2/14/06, 6 pages.
- Fax Cover Sheet dated 8/4/06, 1 page.
- Required Medical Examination Report dated 3/14/05, 2/14/06, 12/5/03, 11 pages.
- Operative Report dated 4/30/04, 3 pages.
- Examination Report/Injury Recheck Encounter dated 6/28/02, 6/21/02, 6/17/02, 6/12/02, 6 pages.
- Prescriptions dated 6/17/02, 6/12/02, 2 pages.
- Pre-Procedure Evaluation dated 11/22/02, 2 pages.
- Chart Note dated 6/12/02, 1 page.
- X-Ray Order Form dated 6/12/02, 1 page.
- Injury/Illness Encounter dated , 2 pages.
- Questionnaire Form (unspecified date), 1 page.
- Patient Consent Form dated 6/12/02, 1 page.
- Employer's Authorization for Examination or Treatment dated 6/11/02, 1 page.
- Computerized Muscle Testing and Range of Motion/Statement of Medical Necessity dated 7/11/05, 1/6/05, 9/15/04, 9 pages.
- Functional Capacity Evaluation dated 7/28/04, 1/21/03, 9/11/02, 19 pages.
- Functional Capacity Assessment dated 1/21/03, 18 pages.
- Lumbar Spine X-Ray dated 4/30/04, 6/12/02, 2 pages.
- Lumbosacral Spine MRI dated 7/29/02, 2 pages.
- Diagnostic and Therapeutic Spinal Injections Criteria/Article (unspecified date), 4 pages.
- History and Physical dated 5/9/06, 2 pages.
- Letter of Medical Necessity dated 4/21/06, 2 pages.

- Orthopedic Report dated 4/21/06, 8/29/05, 7/11/05, 1/6/05, 8/30/04, 6/7/04, 4/15/04, 5/10/04, 1/22/04, 5/22/03, 2/27/03, 1/13/03, 12/9/02, 11/11/02, 10/2/02, 1/31/02, 7/10/02, 25 pages.
- PRME Opinion Response Form dated 6/13/06, 1 page.
- Prospective Review of Medical Examination Appointment Notification Letter dated 5/19/06, 1 page.
- Request for Prospective Review of Medical Care/Fax Confirmation dated 9/1/05, 8/29/05, 5/12/06, 7 pages.
- Dispute Resolution Information System Contact Data dated 9/13/05, 1 page.
- Letter of Medical Necessity for Medication dated 6/3/05, 1 page.
- Report of Medical Evaluation/Instructions dated 10/19/04, 9/1/04, 5 pages.
- Designated Doctor Evaluation dated 10/12/04, 5 pages.
- AIRS Impairment Detail (unspecified date) 3 pages.
- Pre-Authorization Request dated 9/24/04, 2 pages.
- Psychological Evaluation Report dated 9/15/04, 6 pages.
- Dispute Resolution Denial dated 8/10/04, 2 pages.
- TWCC-57 for Lumbar Laminectomy dated 6/7/04, 1 page.
- Opinion/Letter dated 1/21/03, 3 pages.
- Chiropractic Re-Evaluation dated 1/16/03, 2 pages.
- Designated Doctor Evaluation dated 10/29/02, 3 pages.
- Initial Consultation Note dated 10/7/02, 5 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for lumbar ESI with catheter L5-S1 (62282, 72100, 62311, 76005, 72275, 72265 and 62351).

Determination: UPHELD - the previously denied request for lumbar ESI with catheter L5-S1 (62282, 72100, 62311, 76005, 72275, 72265 and 62351).

Rationale:

Patient's age:

Gender:

Date of Injury: ---

Mechanism of Injury: Lifting heavy trash bags.

Diagnoses: Lumbar strain.

Degenerative disc disease.

Bilateral partial laminectomy, discectomy, foraminotomy at L3-4, L4-5 and L5-S1 on 4/30/04.

Spondylosis and chronic low back pain.

The claimant is a 56-year-old female injured on _____, when she was lifting trash bags and developed lumbar pain. Initial treatment included medication and therapy, as well as work restrictions. On 07/02/02, the claimant came under the care of Dr. Berliner for back pain

CORPORATE OFFICE

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radiating into the legs. The 07/29/02 MRI of the lumbar spine showed moderate to moderately severe spondylosis at L3-4 through L5-S1. There was a left focal protrusion at L3-4 and prominent posterior bulges at L4-5 and L5-S1, with inferior foraminal narrowing more to the right. At L4-5, there was mild to moderate central stenosis and mild stenosis at L5-S1. On 10/29/02, Dr. Mohammed examined the claimant and felt she had reached maximum medical improvement. Dr. Berliner continued to treat the claimant and noted decreased sensation in the right foot and a positive straight leg raise. He referred her for lumbar epidural steroid injection and on 01/13/03, Dr. Berliner noted that she had some improvement after a series of three. Treatment with Dr. Berliner continued in 2003 and work hardening was recommended but was not approved.

On 04/30/04, the claimant was taken to the operating room for bilateral partial laminectomy, discectomy, and foraminotomy at L3-4, 4-5 and L5-S1. Following surgery, the claimant reported that her right leg had improved but that she had developed left leg numbness. On examinations in May 2004 and June 2004, Dr. Berliner noted that there was decreased sensation in the left L5 distribution. On 10/12/04, Dr. Nguyen evaluated the claimant for a designated doctor examination and felt she was maximally improved.

On 03/15/05, Dr. Bloom saw the claimant for a required medical examination. The claimant noted that her back was improved but she had weakness in the legs. On examination, motion was limited in all planes due to pain. Straight leg raise was negative bilaterally, reflexes were intact and sensation was diminished in a stocking glove pattern from the left knee down. His impression was spondylosis and opined that she needed intermittent office visits, home exercises and to wean from medications. The claimant saw Dr. Berliner periodically in 2005 for back pain, and with facet tenderness on examination. Facet injections were recommended.

On 02/14/06 Dr. Bloom saw the claimant for a required medical examination. The claimant reported low back pain to the feet and feelings that the entire left leg went numb and felt weak. On examination, the claimant had a cane but also had a normal gait without it. Motion remained limited. Reflexes and motor strength were intact. No atrophy was present. Light touch was intact and straight leg raise was negative. He did not feel the claimant required further treatment. Dr. Berliner documented on 04/21/06, that examination revealed back pain with straight leg raise, decreased sensation of left L5, with reflexes noted as symmetrical. Dr. Berliner requested lumbar epidural steroid injection in an effort to avoid fusion. These have been denied and a dispute resolution has been requested. It appears from the medical records that the claimant has a chronic history of back and bilateral leg complaints. She has had epidural steroid injections in the past which have not seemed to change her condition. She does not appear to have a new neurologic deficit or any specific anatomic worsening of her condition. There are no good long-term studies documenting any efficacy of epidural steroid injection; however, some people do believe that they may give short-term help in someone who has had a recent onset of back and radicular leg complaints. In light of this claimant's chronic complaints, multiple different modalities of treatment to include epidural steroid injections without improvement and her apparent lack of acute change in her underlying anatomic condition, there is no indication for an epidural steroid injection at this time.

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

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The ACOEM Guidelines, 2nd Edition, Chapter 12, page 300.
AAOS Orthopaedic Knowledge Update Spine 2, Chapter 22, pages 194-195.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Texas licensed M.D. and is 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 September 21, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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