



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-07-0297-01
Social Security #: _____
Treating Provider: David Hagstrom, MD
Review: Chart
State: TX
Date Completed: 11/22/06

Review Data:

- **Notification of IRO Assignment dated 11/3/06, 1 page.**
- **Receipt of Request dated 11/3/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 10/13/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letter dated 8/30/06, 8/21/06, 8/18/06, 8/9/06, 5/11/06, 17 pages.**
- **IRO Response dated 11/13/06, 1 page.**
- **Cover Sheet dated 10/30/06, 1 page.**
- **Notification of DWC-60 dated 11/2/06, 1 page.**
- **Cervical Spine MRI dated 12/6/05, 1 page.**
- **Report of Medical Evaluation dated 6/11/06, 5/11/06, 2 pages.**
- **Final Report dated 5/15/06, 2 pages.**
- **Required Medical Examination dated 7/24/06, 2/22/06, 7 pages.**
- **Follow-up dated 6/26/06, 1 page.**
- **Bone Scan dated 2/1/06, 1 page.**
- **Progress Notes dated 8/9/06, 1 page.**
- **Telecopier Transmission Cover Sheet dated 11/6/06, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for ligament injection (facet) at T1-5.

Determination: **UPHELD** - the previously denied request for ligament injection (facet) at T1-5.

Rationale:

Patient's age: 42 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Motor vehicle accident.

Diagnoses: Cervical, thoracic pain/strain.

The claimant has had cervical and upper back pain since a motor vehicle accident, and has been treated with therapy on several occasions, as well as with medication and work modifications. A 2/06/05 MRI of the cervical spine showed no central or foraminal stenosis, no bulge or protrusion and no osseous injury. The 02/01/06 bone scan was read as a normal bone scan of the cervical and thoracic spine. On 02/22/06, Dr. McAlpin, DC, saw the claimant for a Required Medical Examination. On examination, reflexes were 2+/4. There was pain to palpation of the right thoracic region and tenderness of the costovertebral interval T1-T6. Reduced cervical motion was noted. The impression was cervical and upper thoracic sprain and strain and the physician opined that treatment with chiropractic therapy for twelve visits would be reasonable. Following completion of therapy, the claimant would be expected to have reached maximum medical improvement and if not, would need referral to pain management for injections. In a hand written note dated 08/09/06, the claimant reported pain in the neck, back and right leg with tenderness over the T 3, 4 and 5 spinous processes. The impression, treatment plan and signature were illegible. Records suggested that a physician requested ligamentous injections T1 through T5. This reviewer cannot recommend the facet injections at T1-5 as being medically necessary. The facet injections for chronic pain have not been proven to be effective from a therapeutic standpoint according to ACOEM Guidelines. There was no documentation within the medical records to suggest that this treatment would lead to any significant improvement in the claimant's clinical condition.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEM Guidelines, 2nd Edition, Chapter 8.

Physician Reviewers Specialty: Orthopedic Surgery

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.

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 November 22, 2006.

Signature of IRO Employee:

A handwritten signature in cursive script that reads "L Strang". The signature is written in black ink and includes a horizontal line underneath the name.

Printed Name of IRO Employee

Lee-Anne Strang