



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1248-01
Social Security #: _____
Treating Provider: Himat Gorania, MD
Date Completed: 6/8/06

Review Data:

- Notification of IRO Assignment dated 5/16/06, 1 page.
- Receipt of Request dated 5/16/06, 1 page.
- Medical Dispute Resolution Request/Response dated 4/18/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Referral (date unspecified), 1 page.
- Fax Cover Sheet dated 5/17/06, 10/27/05, 2 pages.
- Notice of Utilization Review Findings dated 3/28/06, 3/21/06, 2/17/06, 6 pages.
- Request for Pre-authorization for Surgery dated 3/15/06, 1 page.
- Chart Note dated 3/8/06, 1 page
- Operative Note dated 2/23/06, 1 page.
- Initial Chart Note dated 12/21/05, 2 pages.
- Prescription dated 11/26/05, 10/26/05, 10/21/05, 3 pages.
- Notice of Initial Contact dated 11/14/05, 1 page.
- Lumbar Spine MRI dated 10/30/05, 1 page.
- Texas Workers' Compensation Work Status Report dated 10/27/05, 10/26/05, 10/24/05, 3 pages.
- Office Visit dated 10/24/05, 1 page.
- Dispute Letter dated 5/23/06, 4/28/06, 3 pages.
- Request Response dated 4/3/06, 1 page.
- Notice of Disputed Issue and Refusal to Pay Benefits dated 12/16/05, 1 page.
- Daily Notes dated 10/27/05, 10/26/05, 2 pages.
- Lumbar Spine X-ray dated 10/30/05, 1 page.
- Certificate to Return to Work dated 10/30/05, 1 page.
- Physical Therapy Order dated 10/24/05, 1 page.
- Physical Therapy Assessment dated 10/25/05, 1 page.
- Daily Progress Notes dated 10/28/05, 10/27/05, 10/22/05, 2 pages.
- Office Notes dated 10/28/05, 10/27/05, 10/22/05, 1 page.
- Patient Demographic (date unspecified), 1 page.
- After Care Instructions dated 10/21/05, 1 page.
- Return to Work or School Certificate dated 10/22/05, 1 page.
- Nursing Notes dated 12/17/05, 12/11/05, 11/30/05, 10/30/05, 10 pages.

- **Emergency Department Physician's Report dated 12/17/05, 12/11/05, 11/30/05, 11/12/05, 10/30/05, 8 pages.**
- **Billing Statement dated 12/16/05, 12/5/05, 11/12/05, 11/4/05, 4 pages.**
- **Patient Information dated 12/11/05, 11/30/05, 11/12/05, 10/30/05, 4 pages.**
- **Lumbar Spine CT Scan dated 11/8/05, 1 page.**
- **Lumbar Spine Myelogram dated 11/8/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1. Posterior lumbar interbody fusion (22630).
2. Posterior decompression, L5-S1 (63047).
3. Transverse process fusion, L5-S1 (22612).
4. Posterior internal fixation, L5-S1 (22840).
5. Bone Graft, Allograft (20930).
6. Bone Graft, Autograft, iliac crest (20938).
7. Bone marrow aspirate (38241).
8. Cybertech TLSO (L0637).
9. 2 to 3-day length of stay.

Determination: REVERSED -

1. Posterior lumbar interbody fusion (22630).
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9. 2 to 3-day length of stay.

Rationale:

Patient's age: 56 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Helped move a trailer, bending over guiding tongue, developed low back pain, with left leg pain later that day.

Diagnoses: Lumbar degenerative disc disease; herniated nucleus pulposus (HNP).

The claimant is a 56-year-old male, first seen in 2001, when therapy notes reflected that he was seen for low back and left leg pain with weakness, and noted that he had sustained an injury at work on _____. On 02/19/02, he was the driver of a truck involved in a head on motor vehicle accident, in which he sustained injuries to the neck, low back and thigh. He then had an MRI of the lumbar spine on 03/06/02, which showed a 2mm-3mm broad based disc protrusion at L5-S1 associated with bilateral neural exit foraminal stenosis of 30-40%, Modic II endplate degenerative changes and possible chronic discitis. There was straightened lumbar lordosis with

spasm. Desiccation of discs L2 through S1, and thinning of the disc at L5-S1 indicative of degenerative changes was reported. There was an L2-3 bulge of the annulus, eccentric bulges of the annulus to the right at L4-5, with moderate narrowing of the neural exit, and a 1mm bulge of the annulus at L3-4, with bilateral neural foraminal narrowing and mild disc edema.

When seen after the MRI, he reported low back and left leg pain. There was a positive left straight leg raise, as well as decreased sensation in the left calf noted on one occasion. Treatment consisted of therapy and epidural steroid injection (ESI). Records lapse until 2005, when he reported that on ____, he had helped to move a trailer, was bending over guiding the tongue, and developed low back pain with an onset of left leg pain later that day. He was treated with medication and therapy. Records noted that on the 10/24/05 visit, there was a positive straight leg raise on the left.

The 10/30/03 X-rays of the lumbar spine showed multilevel spondylosis, with changes of degenerative disc disease, most severe at L5-S1. The 10/30/05 MRI of the lumbar spine, showed an L5-S1 prominent posterior protrusion and osteophyte indenting the ventral aspect of the thecal sac, and the sac was somewhat compromised. There was mild facet degenerative change and severe bilateral narrowing of the foramina. An L4-5 bulge or herniation indented the thecal sac, with facet degeneration and severe narrowing of the neural foramina. There was an L3-4 annular tear, with narrowing of the right foramina, and at L2-3 a suggestion of an annular tear. The 11/08/05 myelogram scout film showed subtle tilting and loss of lordosis and loss of height at L5, spondylosis and indentation of the thecal sac at L4-5 and L5-S1. There was multiple level spondylosis and loss of lordosis that actually narrowed the L4-5 foramina. There was loss of height in L5 and at the L5-S1 interspace.

Considerable hyperostosis of the facets caused foraminal encroachment, and there was a subtle protrusion without certain herniation. The encroachment appeared to be largely osseous. The claimant presented to the emergency department several times for pain medication. X-rays of the lumbar spine from 12/20/05, noted advanced degenerative changes with moderate L5-S1 disc space narrowing.

The claimant came under the care of Dr. Henderson, on 12/21/05, with the major complaint of left leg pain and secondary back pain. On examination, there was an absent left ankle jerk and positive Lasègue's and straight leg raise on the left. Extensor hallucis longus strength was zero. Dr. Henderson felt he had a disc herniation and he was referred for an epidural steroid injection (ESI). The ESI was given on 02/23/06, and provided two days of relief and the pain returned. On the follow up visit with Dr. Henderson on 03/08/06, the claimant reported two falls due to left leg weakness. Dr. Henderson, then, recommended an L5-S1 decompression and fusion. The surgery had been denied and the denial has been appealed.

This claimant had evidence of significant and severe spinal stenosis causing neurologic compromise, including positive straight leg raising with paresthesias down his leg. He had shown improvement with epidural steroid injections. Given the fact that he had improved with epidural steroid injections, had exhausted all conservative treatment interventions, and had persistent radicular pain complaints that correspond to the MRI findings, the proposed decompression is reasonable and medically necessary. The decompression will result in extensive destabilization of the spine, and at the same time, the lumbar interbody fusion with bone grafting and internal fixation along with bone marrow aspirate and Cybertech lumbar brace

would be reasonable and appropriate, along with a two-three day length of hospital stay. The proposed surgery with the lumbar interbody fusion, the wide decompression and the bone grafting with instrumentation and post-operative orthosis is reasonable and necessary. This reviewer is not discussing the etiology or causation of this. Such topics would be outside the realm of this review, but the surgery is indicated and warranted for this claimant.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
Official Disability Guidelines Fourth Edition Treatment in Worker's Comp, Low Back (pp 814-816).

The Spine, 4th Edition, edited by Harry Herkowitz, M.D., et al.
Principles And Techniques Of Spine Surgery, by Howard S. An, M.D.

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.