



CompPartners Final Report



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

Claimant Name:

Texas IRO #:

MDR #: M2-05-2317-01

Social Security #:

Treating Provider: Kevin Gill, MD

Review: Chart

State: TX

Review Data:

- * Notification of IRO Assignment dated 9/13/05, 1 page. (2 copies)
- Receipt of Request dated 9/13/05, 8/23/05, 2 pages. (2 copies)
- Medical Dispute Resolution Request/Response dated 8/18/05, 3 pages. (2 copies)
- Table of Disputed Services (date unspecified), 2 pages.
- List of Treating Providers (date unspecified), 4 pages.
- Non Authorized Notice dated 6/28/05, 3/2/05, 4 pages. (2 copies)
- Non-Authorization after Reconsideration Notice dated 7/22/05, 3/15/05, 3 pages.
- Psychiatric Diagnostic Interview and Recommendations dated 3/28/05, 5 pages. (5 copies)
- Case Review dated 9/6/05, 2 pages.
- Facsimile Transmittal dated 9/16/05, 9/14/05, 10/18/04 7/1/04 6/24/04, 11 pages.
- Fax Confirmation dated 9/19/05, 9/16/05, 9/14/05, 3 pages.
- Fax Cover Sheet dated 9/19/05, 9/14/05, 8/19/05, 7/13/04, 6/24/05, 2/25/05, 10/15/04, 7 pages.
- Cover Letter dated 9/15/05, 12/6/04, 11/17/04, 4 pages.
- Legal Letter (date unspecified), 4 pages.
- Letter of Appeal dated 7/15/05, 2 pages. (2 copies)
- Progress Notes dated 7/27/05, 7/15/05, 6/24/05, 6/22/05, 12/27/04, 12/1/04, 11/23/04, 8/18/04, 8/3/04, 7/6/04, (2 copies) 9 pages.
- Final Inpatient Lap Report dated 6/26/05, 1 page. (2 copies)
- Physical Exam dated 6/22/05, 1 page.
- IRO Dictation dated 8/29/05, 2 pages.
- Checklist for Documenting Need for Pain Management Program Referral (date unspecified), 1 page.

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

- Checklist for Documenting Need for Psychological/Multidisciplinary Evaluation (date unspecified), 1 page.
- Letter from Dallas Spinal Rehabilitation Center, Inc dated 9/15/05, 2 pages.
- Response to Request Letter dated 9/6/05, 2 pages.
- Request Letter dated 8/15/05, 1 page.
- Psychotherapy Note dated 6/24/05, 6/20/05, 5/26/05, 5/18/05, 5/11/05, (4 copies) 19 pages.
- Pre-Authorization Request dated 7/18/05, 6/24/05, 4/8/05, 3 pages. (2 copies)
- Confirmation dated 7/18/05, 1 page.
- Pre-Authorization for Chronic Pain Management dated 7/18/05, 1 page. (2 copies)
- Medical Dispute Response for Preauthorization Issue dated (date unspecified), 1 page.
- Screen Printout (date unspecified), 1 page.
- Overview of the Psychophysiological Assessment (date unspecified), 2 pages. (3 copies)
- Chronic Pain Program (date unspecified), 1 page. (2 copies)
- Organization Overview (date unspecified), 4 pages. (2 copies)
- Patient Information from Baylor Healthcare System dated 9/14/05, 1 page.
- Follow-up Visit dated 2/18/05, 8/3/04, 7/13/04, 8 pages. (3 copies)
- Referral Form dated 4/8/05, 3/17/05, 2 pages.
- Reconsideration Non Certified Notice dated 12/17/04, 1 page.
- Pre-authorization/Certification Request dated 12/6/04, 11/17/04, 2 pages.
- Psychological Evaluation dated 9/29/04, 3 pages. (3 copies)
- Letter of Medical Necessity dated 12/1/04, 1 page.
- Physician Order Form dated 2/23/05, 1 page.
- Worker's Compensation Patient Information (date unspecified), 2 pages.
- Lumbar Spine MRI dated 6/21/04, 2 pages. (2 copies)
- Lumbar Spine CT scan dated 6/29/04, 2 pages. (3 copies)
- Lumbar Spine Myelogram dated 6/29/04, 2 pages. (3 copies)
- Pre-authorization for Out-Patient Psychotherapy and a PPA dated 4/8/05, 1 page.
- Non Certified Notice dated 11/23/04, 1 page.
- Authorization Notice dated 4/13/05, 2 pages.
- Progress Reports dated 6/23/05, 6/23/04, 6/21/04, 6/16/04, 4 pages. (2 copies)

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- Texas Workers' Compensation Work Status Report dated 8/3/04, 7/13/04, 6/28/04 6/21/04, 6/16/04, 2/18/05, 6 pages. (2 copies)
- Lumbosacral Spine X-ray dated 6/21/04, 1 page.
- Required Medical Examination dated 10/13/04, 4 pages. (2 copies)
- Examination dated 6/28/04, 3 pages. (2 copies)
- Operative Report dated 7/29/04, 7/15/04, 6/28/04, 5 pages.
- Patient Charge Sheet dated 7/29/04, 7/15/04, 2 pages.
- Patient Bill dated 7/7/04, 6 pages.
- Emergency Physician Record dated 6/11/04, 2 pages.
- Psychological Evaluation dated 9/8/04, 1 page.
- Hospital Information (date unspecified), 1 page.
- Anesthesia Record dated 6/30/04, 1 page.
- Follow-up Evaluation dated 7/21/05, 5/26/05, 4 pages.
- Phone Call Follow-up Evaluation dated 8/11/05, 1 page.
- Initial Evaluation dated 4/28/05, 3/29/05, 5 pages.
- Psychiatric Diagnostic Interview and Recommendations dated 3/28/05, 5 pages.
- Consultation dated 6/29/04, 2 pages. (2 copies).
- Employers First Report of Injury or Illness dated 6/18/04, 1 page.
- Invoice dated 9/28/05, 1 page.

Reason for Assignment by TDI/DWC: Determine the medical necessity for preauthorization of a CARF Accredited multidisciplinary chronic pain management program: individual and group therapy, biofeedback, active physical therapy, functional restoration activities and education, Monday to Friday, 8:00 am to 5:00 pm, 30-day program.

Determination: **PARTIAL** – allowing 10 Days of a CARF Accredited multidisciplinary chronic pain management program: individual and group therapy with emphasis on a psychological counseling and chronic detoxification, biofeedback, active physical therapy, functional restoration activities and education (to evaluate efficacy of the program), Monday to Friday, 8:00 am to 5:00 pm, for the lower back and lower extremities.

Rationale:

Patient's age: 46 years

Gender: Male

Date of Injury:

Mechanism of Injury: Injured while using a jackhammer.

Diagnosis: Lumbar strain.

Initial evaluation was performed by physicians from Concentra Medical Center, who diagnosed lumbar strain and recommended modified duty work as of June 18, 2004. Due to the progression of pain symptoms, the patient went to the Baylor Medical Center's emergency room on June 21, 2004 and was evaluated by Juan Yabraian, M.D. His impression was mechanical low back pain. The patient was given Darvocet pain medicine as well as the Medrol Dosepak and Flexeril, a muscle relaxant.

On June 21, 2004, lumbar MRI was performed which showed the L2-3 to L3-4 levels mild-to-moderate central canal stenosis at bilateral lumbar facet hypertrophic change. At the L4-5 level, moderate-to-severe central canal stenosis with enhancing scar tissue at the anterior epidural space centrally into the right. At the L5-S1 level, there were enhancing tissues of the anterior epidural space surrounding the left S1 nerve root. The central canal was not compromised at this level. Of note, the canal stenosis present at L2-3, L3-4, and L4-5 was on a basis of degenerative disk changes and facet arthropathy. On June 29, 2004, the patient was referred by Dr. Juan Yabraian for lumbar myelogram with post myelogram CT scan, which revealed a right-sided extradural impression at the L4-5 level suggestive of herniated disk. There was also old compression fracture at the L1 level and a disk bulge at L5-S1. On June 30, 2004, under the direction of Dr. Yabraian, the patient underwent lumbar epidural steroid injection performed by Dr. Manuel Ramirez. This procedure was repeated on July 15, 2004 and July 29, 2004. The patient's response to the above injection was decreased and lower extremity pain, but no significant improvement in low back symptoms.

During this time, the patient was referred to Dr. Kevin Gill, spine surgeon for evaluation. There were no notes presented to the reviewer from Dr. Gill's evaluation and/or treatment plan for this patient. The last note from Dr. Yabraian dated April 4, 2005 stated that he did not recommend surgery unless absolutely necessary. The patient had a previous history of back surgeries in 1980 consisting of Harrington rod placement and removal secondary to a spine fracture apparently in the thoracic spine region.

An attempt at obtaining a certification for spinal cord stimulator was denied by the insurance carrier secondary to discrepancies in clinical examinations by the treating physicians. Imaging finding suggested possible surgical alternatives and required medical examination from October 13, 2004. The required medical examiner noted symptom magnification and question the efficacy of spinal cord stimulator in this patient. A psychological evaluation was performed on September 29, 2004 associated with the spinal cord stimulator request performed by David Hanks, Ph.D., who diagnosed the patient with Generalized Anxiety Disorder and Dysthymia as well as moderately severe physical and psychological stressors. The patient, at that time had indicated he had occasional depression with more anxiety and stress-related issues. Of note, physical therapy was attempted with this patient, but discontinued secondary to the patient stating his pain was too severe.

The patient's mechanical low back pain now is managed pharmacologically with Soma 350 mg three times daily, Norco 10/650 mg once a day., and fentanyl patches 25 mcg one every 72 hours. Next, Dr. Gayle in March of 2005, requested lumbar diskogram with CT scan, which was denied twice secondary to the required medical examiner's report suggesting symptom magnification,

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General Anxiety Disorder with Dysthymia from the patient's previous psyche evaluation, and finally because concordance of symptoms with diskography is of questionable diagnostic value. On March 28, 2005, Dallas Spine Rehabilitation Center performed a psychiatric diagnostic interview with recommendations to evaluate this patient for possible consideration of chronic pain program. The patient's Beck Depression Inventory Scale was 7, which indicated minimal depression. It was thought from this evaluation that the patient would benefit from relaxation training and biofeedback. During this treatment, the patient was hospitalized with symptoms of nausea, vomiting, dehydration, and accidental narcotic overdose.

Reviewing the subsequent notes related to this hospitalization, it is the reviewer's professional opinion that the patient was suffering from narcotic withdrawal symptoms relating to his fentanyl patches, of which he ran out three days prior to this hospitalization. Lab chemistry from this emergency room visit showed no alcohol in his blood. Subsequent authorizations for chronic pain program at the end of June 2005 and the beginning of July 2005 were denied secondary to pending issues of the patient's credibility, possible alcohol abuse, and abuse of prescription drugs. It is the opinion of this reviewer with the information rendered for review that the patient is indeed a candidate for the chronic pain program. Consistent with the TWCC spine treatment and Mental Health Guidelines 134.1 I3 and 134.1 T4 and 5, the patient fits the following criteria:

1. He has not responded to primary or secondary stages of physical or mental health treatment within four to six months of injury.
2. The patient exhibits pain behavior, functional limitations, or emotional dysfunction that is disruptive to activities of daily living.
3. Diagnostic findings are insufficient to explain the patient's pain report.
4. It has been established that no further invasive therapy would be indicated.
5. Pain has persisted beyond the expected tissue healing time.
6. The patient has greater impairment than expected based upon the above diagnostic findings.
7. The patient is using medications and alcohols excessively.
8. Finally, the patient is deemed to be at risk of becoming "chronic pain" patient.

Recommendation is to proceed with multimodality chronic pain management program for 10 sessions. Efficacy of this approach would have to be evaluated prior to allowing additional sessions. The issue of chronic alcohol use, or abuse, may be considered a co morbidity but it does not negate the possible value of this program.

Criteria/Guidelines utilized:

Turk DC, Okifuji A., Scharff L. Chronic Pain and Depression, Pain Spine 61, pages 93 to 101, 1995, also Lebovitsah. Chronic Pain: The Multidisciplinary Approach. Int. Anesthesiology, Clinical 549, 1991. Also Flor H., Fydrich T., Efficacy of Multidisciplinary Pain Treatment Centers; Meta-Analytic Review. Pain; 49, pages 221 to 230, 1992.
ACOEM Guidelines, 2nd Edition, Chapter 6.

Physician Reviewers Specialty: Pain Management.

Physician Reviewers Qualifications: Texas Licensed M.D. in Pain Management, and currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to 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.

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