CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0452-01
Social Security #: ___
Treating Provider: Raul Martinez, MD
Review: Chart
State: TX
Date Completed: 1/12/06

Review Data:

- **Notification of IRO Assignment dated 12/22/05, 1 page.**
- **Medical Dispute Resolution Request dated 11/23/05, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Chronic Pain Management Psychotherapy Session dated 11/18/05, 6/14/05, 6/13/05, 6/10/05, 6/9/05, 6/8/05, 6/7/05, 6/6/05, 6/3/05, 17 pages.**
- **Progress Summary (date unspecified), 1 page.**
- **Reconsideration Letter dated 11/2/05, 2 pages.**
- **Case Review dated 10/12/05, 1 page.**
- **Request for a Chronic Pain Management Program dated 10/26/05, 1 page.**
- **Request for Reconsideration dated 10/26/05, 2 pages.**
- **Patient Update dated 10/7/05, 3 pages.**
- **Progress Note dated 8/3/05, 6/22/05, 3/9/05, 6 pages.**
- **Follow-up Note dated 8/3/05, 6/22/05 2 pages.**
- **Office Visit dated 7/22/05, 1 page.**
- **Addendum dated 7/1/05, 1 page.**
- **Pain Management Group Note dated 6/14/05, 6/10/05, 6/9/05, 6/3/05, 6/2/05, 5 pages.**
- **Daily Treatment Note dated 6/13/05, 6/10/05, 6/9/05, 6/8/05, 6/3/05, 6/2/05, 6/1/05, 7 pages.**
- **Progress Summary dated 6/9/05, 5 pages.**
- **Treatment Plan (date unspecified), 2 pages.**
- **Initial Interview dated 3/17/05, 14 pages.**
- **Addendum to Initial Interview dated 5/18/05, 4 pages.**
- **Letter of Medical Necessity dated 5/27/05, 3/10/05, 2 pages.**
- **Referral dated 6/9/05, 2 pages.**
- **Daily Progress Note dated 6/1/05, 2 pages.**
- **Office Follow-up Note dated 3/9/05, 10/6/04, 6 pages.**
- **Referral dated 3/9/05, 1 page.**

- **Pain Clinic Operation Report dated 1/10/05, 12/13/04, 11/22/04, 3 pages.**
- **Patient Follow-up/Procedure Form dated 1/10/05, 12/13/04, 11/22/04, 3 pages.**
- **Patient Information (date unspecified), 1 page.**
- **Clinic Evaluation dated 10/6/04, 2 pages.**
- **Procedure Call Back dated 12/13/04, 11/22/04, 2 pages.**
- **Operative Reports dated 1/10/05, 12/13/04, 11/22/04, 6 pages.**
- **Cervical Spine MRI dated 8/26/99, 11/19/98, 4 pages.**
- **Imaging Consultation dated 8/12/99, 2 pages.**
- **Pathology Report dated 12/15/98, 1 page.**
- **Cervical Spine CT Scan dated 11/7/03, 2 pages.**
- **Cervical Spine Myelogram dated 11/7/03, 2 pages.**
- **Nerve Conduction Study/ Electromyogram Report dated 8/20/04, 4 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 20 sessions of chronic pain management.

Determination: UPHELD - the previously denied request for 20 sessions of chronic pain management.

Rationale:

Patient's age: 47 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Struck on the head, causing immediate pain to the head and neck region.
Diagnoses: Intractable cervical spine pain, post cervical fusion, cervical radiculopathy, myofascial pain syndrome, depression secondary to pain.

The patient was treated conservatively with physical therapy and medication management, and subsequently underwent a cervical fusion at the C6-7 level, on February 24, 1999. The patient continued to be symptomatic, with pain in the posterior aspect of the neck, radiating to the dorsum of both shoulder regions. The patient did not have upper extremity radiculopathy.

The patient continued with medication management and interventional pain management procedures, all with unsustained pain relief. On January 27, 2004, the patient underwent cervical myelogram with a postmyelogram CT scan, which showed a C5-6 and C6-7 adequate fusion. The electromyogram (EMG)/nerve conduction study of August 20, 2005, revealed only sensory changes at the C5 root, but no evidence of cervical radiculopathy.

At this time, medication management for this patient consists of Kadian 30 mg two tablets p.o. q.12h., Darvocet N-100 one tablet p.o. q.12h. for breakthrough pain, Zoloft 25 mg, Flexeril 10 mg, Bextra 10 mg, Oxycodone 10/325 mg, and Ambien 10 mg. A letter of medical necessity was written by Dr. Martinez on May 27, 2005, in which he stated that his primary goal, during the first 15 days of this program, would be to wean this patient off her narcotic medication. Hopefully, he will be able to wean her completely off pain medication, thereafter. The claimant was certified for chronic pain management program of 10 sessions in May 2005. Reviewing the

chronic pain management progress report of October 7, 2005, the patient continued with a sustained pain level, but with no changes in sleep deprivation and/or depression levels. There was, however, an increase in the patient's range of motion of the cervical spine noted. Furthermore, the claimant's levels of irritability, frustration, and anger also appeared to be increasing. Due to lack of any progress in the initial trial period of 10 chronic pain management sessions, the additional 20 sessions have been denied. There was no indication in the information provided to this reviewer that the claimant continued to have any significant objective benefit from the chronic pain management program. The documentation reviewed, did not reveal functional improvement or progression towards a functional restoration to get this claimant back into the workforce. Lastly, there had been no documentation of narcotic detoxification that was emphasized by Dr. Martinez, prior to beginning the chronic pain management program.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

The ACOEM Guidelines, 2nd Edition, Chapter 6, page 115.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed MD, 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.

American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition

Chapter 6 Pages 113-114

C. Physician Guidelines for Dealing with Potentially Chronic or Chronic Injuries

In general, intervention for treating pain should be time limited and goal oriented. Persons returning to work in six months or less after injury tend to have the best outcomes. Persons who have been out of work for a year or more tend to have poor return to work outcomes. Early detection of potential chronicity also may be an important step in defining early treatment approaches to treating pain or disability because early intervention may increase successful return to work. Clinicians may use several published tools to examine the potential of developing a chronic pain problem (see "Pain Assessment Models and Tools," at the end of this chapter). Properly interpreted, such tools may help identify persons who need more than just interventional pain care and are unlikely to respond to simple pain treatment approaches.

Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability. Flor et al. (1992) conducted a meta analytic review of multidisciplinary pain treatment for chronic back pain, which concluded that chronic pain patients treated in multidisciplinary programs were functioning better than 75% of control patients who either received no treatment or who were treated by conventional unimodal approaches.

Multidisciplinary treatment was found to be superior to conventional physical therapy alone, had benefits that persisted over time, and was beneficial in improving return to work and decreasing use of health care. While the components and approaches of multidisciplinary care often differ, the hallmarks of such programs include:

- Thorough, multidisciplinary assessment of the patient
- The establishment of a time limited treatment plan with clear functional goals
- Frequent assessment of the patient's progress toward meeting such goals
- Modification of the treatment plan as appropriate, based on the patient's progress

Typically, such programs involve ongoing medical care or supervision, exercise or specific physical therapy intervention, psychosocial intervention, and occupational therapy or other services related to daily functioning and/or vocational rehabilitation. Specific multidisciplinary approaches, such as functional restoration, report return to work rates of more than 80% following treatment, with a high percentage of these persons still working after one year. Because not all chronic pain patients may need intensive multidisciplinary interventions, some programs offer comprehensive multidisciplinary evaluations resulting in specific treatment recommendations for the patient.