



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0659-01
Social Security #: _____
Treating Provider: Cameron Jackson, DC/Health Trust
Review: Chart
State: TX
Date Completed: 2/15/06

Review Data:

- Notification of IRO Assignment dated 1/26/06, 1 page.
- Receipt of Request dated 1/26/06, 1 page.
- Medical Dispute Resolution Request dated 1/11/06, 2 pages.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- Request For Medical Dispute Resolution dated 2/2/06, 2 pages.
- Dispute Letter dated 2/6/06, 3 pages.
- Request for Reconsideration dated 12/12/05, 2 pages.
- Service Request Form (date unspecified), 1 page.
- SOAP Note dated 11/7/05, 1 page.
- Office Visits dated 10/7/05, 6/6/05, 5/6/05, 6 pages.
- Letter of Medical Necessity dated 10/6/05, 1 page.
- Addendum to Report dated 11/28/05, 4 pages.
- Initial Interview dated 6/3/05, 2 pages.
- Treatment Plan (date unspecified), 1 page.
- Examination (date unspecified), 2 pages.
- Chiropractic Office Visits dated 4/29/05, 3/31/05, 3/28/05, 3 pages.
- Fax Cover Sheet dated 2/2/06, 1 page.
- Denial Letters dated 12/22/05, 3 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 30 sessions of chronic pain management.

Determination: **UPHELD** - the previously denied request for 30 sessions of chronic pain management.

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Rationale:**Patient's age:** 40 years**Gender:** Male**Date of Injury:** ____**Mechanism of Injury:** Motor vehicle accident.**Diagnoses:** L5-S1 broad-based disc bulge, and left L5 nerve root radiculopathy.

The claimant was involved in a work injury on ____, in which he injured his lower back. The claimant underwent a course of passive treatment in addition to nine sessions of active physical therapy. The claimant was scheduled to return to work on 3/30/2005. On 3/28/2005, the claimant presented to the provider's office after having sustained an "exacerbation" of his lower back complaints. This exacerbation was invoked while the claimant was brushing his teeth when he sneezed, and felt a "pop" in his lower back, with an immediate onset of symptoms.

On 3/29/2005, the claimant underwent an MRI of the lumbar spine that was negative for any lumbar disc herniations. The 3/31/2005 treatment report from Dr. Setliff indicated that the scan was positive for "annular tears to 2 lumbar discs." The provider further stated "I believe the fact that these annular tears are present explain what happened." The claimant was referred to an orthopedic surgeon who apparently placed the claimant on temporary total disability (TTD) status for two months. The recommendation from the orthopedist was to undergo an electromyogram (EMG) and epidural steroid injections. A 5/6/2005 treatment note from Dr. Somerville noted that the claimant's pain level was "approximately 50% less after procedure and may continue to improve." At that time, the claimant's pain levels were 4-5 out of 10 on the visual analogue scale.

On 6/3/2005, the claimant was referred to HealthTrust for an evaluation "to determine psychological barriers to improvement." At the time of this evaluation, the claimant's pain levels were noted to be 7 out of 10 on the visual analogue scale. This report concluded that the "claimant has had inadequate responses to previous treatment, is currently taking pain medications and pain interferes with all aspects of the patient's life. Psychological overlay is creating a barrier to appropriate progress and positive prognosis. The patient would benefit from physical therapies in work hardening program in order to improve both his physical functional capacity and to establish realistic physical expectations of his abilities and appropriate time frames for physical improvement." On 6/6/2005, the claimant returned to Dr. Somerville for a follow-up evaluation. At that time, the claimant's pain level was 1 out of 10 on the visual analogue scale. The report indicated that the claimant "Goes every day for eight hours of work hardening." The submitted record was silent regarding the next four months.

The subsequent report submitted for review, was a letter of medical necessity, dated 10/6/2005, from HealthTrust requesting authorization for a multi-disciplinary pain management program. The letter of medical necessity, dated 10/6/2005, indicated that "this patient has tried a number of first line treatments, including X-rays, MRI with positive findings, physical therapy, epidural steroid injections, discogram, all with little relief and many medications that proved to be of little or no help for pain, depression, and sleeping problems." On 10/7/2005, the claimant returned to the office of Dr. Somerville for a follow-up evaluation. At that time, the claimant's pain level was 7 out of 10 on the visual analogue scale with pain radiating to the left leg. The report noted that the claimant underwent a functional capacity evaluation (FCE). The results of that FCE were not available for review. The 10/7/2005 treatment note indicated that "there is no light duty work at

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his place of employment so he is out of work now." The recommendation was for a pain behavior class to be individual initially, a left L5 Lumbar transforaminal block under fluoroscopy with intravenous sedation, and he was to continue conservative care. An "Addendum to report, originally written 10/27/2005," from HealthTrust noted that the date of injury had changed to _____. There was no record of any _____ injury. The request generated from this report was a recommendation for a 30-day chronic pain management multidisciplinary program. The purpose was to assist the claimant "and addressing issues affecting his physical and emotional functioning."

In December 2005, the request for a chronic pain management program went to Peer Review. The requested chronic pain management program was denied. Upon reconsideration, the request was once again denied. The request was sent for Medical Dispute Resolution (MDR). The purpose of this MDR is to determine the medical necessity for 30 sessions of chronic pain management. Based on the submitted documentation, the medical necessity for a chronic pain management program was not established. The initial date of injury was given as _____. The claimant underwent a course of treatment that appeared to bring about significant resolution of his pain complaints. On 6/3/2005, the claimant underwent an initial interview to determine the appropriateness of a work hardening program. At that time, the claimant's pain levels were noted to be 7 out of 10 on the visual analogue scale. On 6/6/2005, the claimant presented to the office of Dr. Somerville. The 6/6/2005 treatment note from Dr. Somerville indicated a pain level of 1 out of 10 on the visual analogue scale. This was after initiating a work hardening program. The file was absent of data indicating the claimant's response to the work hardening program. This was the last document received referring to the _____ injury. This would suggest that the claimant had a positive response to the work hardening program. However, the peer review report dated December 2005, indicated that the "Claimant has completed a work hardening program, yet there is no evidence of improvement or benefit from the group counseling that was already given to this claimant." There was no documentation submitted for review to assess the claimant's response to the work hardening program. Moreover, there was no data available to clarify the _____ date of injury. Based on the _____ date of injury, it appeared that the claimant responded quite favorably to treatment.

The claimant supposedly had a second injury on _____ that required additional treatment. This needs to be clarified. The provider noted in his "request for Medical dispute resolution" letter, dated 2/2/2006, that the chronic pain management program was appropriate based upon the ACOEM Guidelines. Dr. Jackson correctly noted that the ACOEM Guidelines indicate that a multidisciplinary approach is appropriate for claimants with chronic pain. There is no question that this claimant had received multidisciplinary care. The claimant had received treatment from multiple providers, including Dr. Setliff and Dr. Somerville. The claimant has also been evaluated by licensed counselors. The claimant had participated in a multidisciplinary work hardening program. It is clear that this claimant had received a multi-disciplinary approach to his treatment. Therefore, Dr. Jackson's rebuttal stating that the denial of the chronic pain management program is not appropriate based on the claimant's need for a multi-disciplinary approach. This claimant did, in fact, receive a multi-disciplinary approach, consistent with the ACOEM Guidelines. The question is whether or not the claimant needs 30 sessions of daily chronic pain management.

Based upon a review of the submitted documentation, the medical necessity for 30 sessions of daily chronic pain management was not established. The claimant has not exhausted his lower levels of treatment. The data submitted for review documented that the claimant had a positive

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response to the work hardening program, as evidenced by the significant decrease in pain levels detailed in the foregoing. Furthermore, this claimant had received an exhaustive course of treatment including active physical therapy. This claimant should be well-versed on the necessary stretches, exercises and self-applied modalities that he can perform within the context of a fully-independent home exercise program. Assuming that the claimant does, in fact, have a certain level of psychological overlay, these could best be addressed by individual psychotherapy sessions, as recommended by Dr. Somerville in his 10/7/2005 treatment note. Based upon all of the foregoing and the data submitted for review, the medical necessity for 30 sessions of chronic pain management has not been established.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
The ACOEM Guidelines, 2nd Edition, Chapters 6 and 12.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed D.C. 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.

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