



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0813-01
Social Security #: _____
Treating Provider: Robert Lowry, MD
Review: Chart
State: TX
Date Completed: 3/9/06

Review Data:

- **Notification of IRO Assignment dated 2/24/06, 1 page.**
- **Receipt of Request dated 2/24/06, 2/14/06, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/8/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Confirmation Receipt dated 2/6/06, 1 page.**
- **Online Label Record dated 2/28/06, 1 page.**
- **Workers' Compensation Information Sheet (date unspecified), 1 page.**
- **Case Review dated 1/27/06, 12/29/05, 5 pages.**
- **Fax Cover Sheet dated 1/19/06, 12/22/05, (date unspecified), 3 pages.**
- **Request dated 1/18/05, 12/22/05, 2 pages.**
- **Behavioral Health Treatment Request dated 1/18/06, 4 pages.**
- **Initial Behavioral Medicine Consultation dated 12/2/05, 6 pages.**
- **Prescription dated 8/16/05, 1 page.**
- **Follow-up Visit dated 8/16/05, 7/27/05, 7/12/05, 6/14/05, 4/27/05, 3/9/05, 9/22/04, 6/23/04, 5/26/04, 3/31/04, 1/5/04, 11 pages.**
- **Progress Notes dated 8/25/99, 1 page.**
- **Office Visit dated 8/25/99, 5/12/99, 2/10/99, 12/9/98, 9/23/98, 8/24/98, 6/22/98, 6/17/98, 6/10/98, 12 pages.**
- **Patient Information Form dated 1/4/99, 1 page.**
- **Nerve Conduction Study dated 7/1/98, 2 pages.**
- **Initial Office Visit dated 6/3/98, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for individual psychotherapy, once a week for four weeks, and biofeedback psychophysiological profile assessment with four modalities (IMG, PNG, TEMP and SC/GSR).

Determination: UPHELD - previously denied request for individual psychotherapy, once a week for four weeks, and biofeedback psychophysiological profile assessment with four modalities (IMG, PNG, TEMP and SC/GSR).

Rationale:

Patient's age: 33 years
Gender: Female
Date of Injury: ____
Mechanism of Injury: Repetitive stress injury.
Diagnoses: de Quervain's disease, bilateral.

The patient is a 35-year-old injured female who sustained an injury to her right arm and right hand on _____. The claimant reported that over a period of time, she developed pain in her right thumb and right wrist with radiation of pain into her right arm. Subsequent conservative medical treatment consisted of right arm splints, extensive physical therapy, medication management, and cortisone injections. Compensable injuries include right and left thumbs and bilateral wrists (de Quervain's syndrome) and chronic pain behavior (anxiety, frustration, and sleep deprivation). The follow-up notes submitted did not provide any radiographic imaging study report or electromyography (EMG/NCV) studies. Medication management, at this time, includes Vicodin 10 mg and Flexeril 10 mg, quantity and prescribed amount were not documented. A reported Beck Depression Inventory (BDI) revealed a score of 15, reflecting mild depression. The requesting provider suggested the psychotherapeutic intervention as stated above which would facilitate the claimant to have the healthy adjustment, and improve coping with the overall condition, and assist her in developing tools and skills for the management of her injury-related mood disturbances. After reviewing the medical records pertaining to the above-captioned claimant, the request for individual psychotherapy and biofeedback, once weekly for four weeks is denied. This patient had an eight-year history of arm and wrist pain. Apparently, she was working up until the year 2001, when she was terminated. It was not known if the claimant had exhausted all surgical procedures pertaining to the diagnosis. The success of psychotherapy and biofeedback providing sustained and substantial improvement with an older injury is drastically reduced after one year, and this injury is eight years old. There is no peer review literature to support psychotherapy programs for these older injuries. Furthermore, there was no indication how operant pain behaviors will be extinguished. There was no behavioral analysis of operant pain behaviors and how this impact upon possibility of return to work. There was no environmental analysis of these problems or how they will be addressed. This issue cannot be reconciled with established guidelines. Evidence based guidelines do not support unimodal psychotherapy for pain complaints.

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

ACOEM Guidelines, 2nd Edition, Chapter 6. Pain 2005, February; 113 (3); March 23 through March 30, Michael Von Korff, Benjamin H. K., Balderson. American Academy of Pain Medicine. The Necessity for Early Evaluation of Chronic Pain Patient. February 6, 2001, Guidelines for Psychiatric and Psychological Evaluation of Injured or Chronically Disabled Workers, National Guideline Clearing House. www.guideline.gov. Influence of an Outpatient Multidisciplinary Pain Management Program on a Health-Related Quality of Life in the Chronic Pain Patients, 2004, March 17th; 3-1 (ISSN; 1477 through 5751), Joos B; Uebelhart D; Michel B. A.; Sprott H.

Physician Reviewers Specialty: Pain Management

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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.