



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0866-01
Social Security #: _____
Treating Provider: John Bothefuhr, DC
Review: Chart
State: TX
Date Completed: 4/17/06

Review Data:

- **Notification of IRO Assignment dated 3/6/06, 1 page.**
- **Receipt of Request dated 3/6/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/17/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Case Review dated 2/1/06, 1/3/06, 4 pages.**
- **Requestor's Position Regarding the Authorization dated 3/6/06, 8 pages.**
- **Fax Cover Sheet dated 12/29/05, 1 page.**
- **Pre-Authorization Request dated 12/29/05, 1 page.**
- **Chronic Pain Management Program Request dated 12/29/05, 5 pages.**
- **List of Interdisciplinary Pain Treatment Components (date unspecified), 1 page.**
- **Chronic Pain Management Program Design (date unspecified), 3 pages.**
- **Reconsideration Chronic Pain Management Program Request dated 1/23/06, 7 pages.**
- **Patient Face Sheet (date unspecified), 1 page.**
- **Doctor's Orders dated 12/7/05, 1 page.**
- **Physical Therapy Evaluation and Treatment Plan dated 12/20/05, 4 pages.**
- **Functional Abilities Evaluation dated 12/20/05, 9 pages.**
- **Chronic Pain Management Interdisciplinary Plan and Goals of Treatment dated 12/20/05, 5 pages.**
- **History and Physical dated 12/20/05, 7/20/05, 4 pages.**
- **Initial Behavioral Medicine Consultation dated 4/8/05, 7 pages.**
- **Initial Consultation dated 3/16/05, 2 pages.**
- **Electrodiagnostic Study dated 3/24/05, 4 pages.**
- **Lumbar Spine MRI dated 12/21/04, 2 pages.**
- **Post Anesthesia Recovery Record dated 12/17/05, 11/1/05, 9/20/05, 8/30/05, 4 pages.**
- **Patient Follow-up Questionnaire dated 9/12/05, 1 page.**
- **Examination dated 12/13/05, 11/1/05, 9/20/05, 6 pages.**
- **Lumbar Epidural Steroid Injection dated 8/30/05, 2 pages.**

- **SOAP Notes dated 12/19/05, 12/7/05, 12/6/05, 11/30/05, 11/23/05, 11/16/05, 11/15/05, 11/9/05, 11/8/05, 11/3/05, 10/26/05, 10/25/05, 10/24/05, 10/17/05, 10/15/05, 10/5/05, 10/4/05, 9/29/05, 9/22/05, 9/21/05, 9/14/05, 9/8/05, 9/7/05, 8/31/05, 8/17/05, 8/16/05, 8/11/05, 8/8/05, 8/2/05, 8/1/05, 7/29/05, 7/25/05, 7/19/05, 7/13/05, 7/7/05, 6/22/05, 6/20/05, 6/14/05, 6/8/05, 6/6/05, 5/31/05, 5/23/05, 3/17/05, 3/9/05, 3/8/05, 3/3/05, 2/22/05, 2/9/06, 2/6/05, 1/31/05, 1/13/05, 1/10/05, 1/5/05, 12/29/04, 12/22/04, 55 pages.**
- **Work and Accident Clinic Daily Notes dated 2/8/05, 1/17/05, 1/12/05, 1/4/05, 1/3/05, 12/28/04, 12/27/04, 12/21/04, 12/20/04, 12/17/04, 12/16/04, 11 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for chronic pain management program, 5 times per week for 4 weeks (20 sessions).

Determination: UPHELD - previously denied request for chronic pain management program, 5 times per week for 4 weeks (20 sessions).

Rationale:

Patient's age: 65 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Moving a dolly with stacked chairs, lost his balance and fell backwards onto a concrete floor.

Diagnoses:

1. Chronic low back pain.
2. Lumbar disk displacement.
3. Lumbar radiculopathy.
4. Myofascial pain syndrome.

The patient was injured while moving a dolly with stacked chairs when he lost his balance and fell backwards onto a concrete floor, injuring his low back. Subsequent to the injury, the patient was treated conservatively with physical therapy, medication management, and interventional pain management procedures, all without sustained pain relief. Subjective complaints consisted of low back pain described as dull, aching and constant, radiating into the left leg. Pain was rated on the visual analog scale (VAS) ranging from 4/10 to 9/10. The claimant stated low back pain was increased with prolonged walking, driving, and lifting. The pain was decreased with sitting.

Objective findings documented 2/4 lumbar muscle spasm and 4/4 tenderness on the left. Lumbar ranges of motion were decreased by 25%, and straight leg raising was positive at 90 degrees, bilaterally. There were no sensory deficits noted. Left lower extremity motor strength was 4/5. A lumbar MRI without contrast revealed, at the L4-5 level, a 2-3 mm focal right foraminal disk protrusion and at the L5-S1 level, a 3-mm focal posterior central protrusion. There was no foraminal stenosis and/or spinal cord stenosis documented. EMG and nerve conduction studies of the bilateral lower extremities revealed no neuropathy, plexopathy, polyneuropathy, myoneuropathy or primary muscle disease. Reportedly, the patient was found not to be a surgical candidate. Review of the SOAP notes, dated August 18, 2005, indicated that the claimant had a designated doctor examination by Dr. Ramos, who recommended continued injections and to follow-up with a work hardening program.

A submitted behavioral medicine consultation, revealed a Beck's Depression Inventory (BDI) score of 17, indicating mild depression and Beck's Anxiety Inventory (BAI) score of 7, indicating a minimal level of anxiety. Of note, medication management consisted of only ibuprofen and Levaquin. Subsequently, the claimant underwent a pre-authorized course of six sessions of individual psychotherapy with significant reductions in the claimant's BDI score from 17 to 1 (essentially normal) and BAI score from 7 to 3 (essentially normal).

After careful consideration of the data submitted for review, it is the opinion of this reviewer that the original denial of 20 sessions of chronic pain management program be upheld because:

1. Lack of significant anxiety and depression (psychosocial issues). The claimant's participation in the individual psychotherapy sessions has effectively treated such (i.e. psychosocial) issues.
2. The claimant had subjective complaints that did not correlate with the objective findings and the diagnoses appeared to be soft-tissue related. Such soft tissue injuries usually can be expected to respond favorably to conservative treatment interventions with a full restoration of the patient's pre-injury level of functionality.
3. The use of a multidisciplinary chronic pain management program is reserved for claimants who have failed prior conservative treatment options with residual functional impairments. The purpose of such multidisciplinary chronic pain management programs is to train patients on how to manage long-term pain and simultaneously maximize functionality. In this case, there were no psychosocial issues, significant objective findings or opioid dependency documented. Moreover, there was no evidence that this claimant had failed a reasonable trial of conservative treatment interventions. In the absence of all of the foregoing, this claimant would not be a candidate for a chronic pain management program.

Criteria/Guidelines utilized:

1. The ACOEM Guidelines, 2nd Edition, Chapter 6.
1. Pain Medicine, A Comprehensive Review, 2nd Edition, by P. Prithvi Raj, M.D.
2. Interventional Pain Management, 2nd Edition, by Steven D. Waldman, M.D.
3. American Academy, Physical Medicine and Rehabilitation, Clinical Practice Guidelines for Chronic Nonmalignant Pain Syndrome Patients, 1999.
4. Clinical Practice Guidelines for chronic pain. Journal Back, Musculoskeletal Rehabilitation, 1995; Volume 5, pages 115 to 120.
5. Evaluation and Treatment of Chronic Pain, 3rd Edition, Aronoff, Chapter 23.

Physician Reviewers Specialty: Pain Management

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.

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.