



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-1234-01
Social Security #: _____
Treating Provider: David Victor Dent, DO
Review: Chart
State: TX
Date Completed: 6/8/06

Review Data:

- **Notification of IRO Assignment dated 4/21/06, 1 page.**
- **Receipt of Request dated 4/21/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 3/20/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Texas Workers' Compensation Work Status Report dated 4/11/06, 3/14/06, 2 pages.**
- **Fax Cover Sheet dated 4/26/06, 4/25/06, 2 pages.**
- **Office Visit dated 4/11/06, 3/14/06, 2/15/06, 8/17/05, 6 pages.**
- **Range of Motion Testing dated 4/11/06, 3/14/06, 2 pages.**
- **Reconsideration dated 2/22/06, 2/14/06, 11/16/05, 10/13/05, 6 pages.**
- **Psychological Re-evaluation dated 1/25/06, 11/4/05, 9/17/05, 13 pages/**
- **Evaluation of Pain Behaviors dated 2/13/06, 1 page.**
- **Detoxification Schedule dated 1/25/06, 1 page.**
- **Patient Information (date unspecified), 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for chronic pain program (97799), five times a week for two weeks.

Determination: UPHELD - the previously denied request for chronic pain program (97799), five times a week for two weeks.

Rationale:

Patient's age: 61 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Slip and fall.

Diagnoses:

1. Status post repeat lumbar spine surgery with hardware removal.
2. Status post lumbar spine laminectomy with fusion.
3. Lumbar spine radicular syndrome.
4. Lumbar facet atrophy.
5. Depression.
6. Chronic pain.

This injury is ___ years and nine months old. A review of the information submitted revealed that this patient had an excessive work injury involving the lumbar spine. After an initial period of conservative treatment, consisting of physical therapy and medication management, this patient eventually required a surgical intervention in the form of decompression and fusion at the L5-S1 level performed in January 2001. Reportedly following this, the patient completed a course of chronic pain management; of note, there was no documentation of when chronic pain management program was provided, the dates of the program completed, and the efficacy of the completed program. Reportedly following this, this patient was given a maximum improvement with 20% of percent impairment, date unspecified. The claimant retired from his employment.

Due to continued pain complaints, this claimant underwent a second lumbar MRI, performed on April 22, 2003, which revealed a notch at the L3-L4 level, a 2-mm protrusion at the L4-L5 level and a noted fusion, with pedicle screws at the L5-S1 level. Subsequent to this, the patient underwent lumbar hardware removal on February 2, 2004, with a postoperative infection complication, which required two additional surgical procedures.

The current medication profile consists of Tylenol No. 3 q. 8h. p.r.n., Soma 350 mg q. 12h. p.r.n., hydrocortisone cream 2% to be used as directed, and Lidoderm patches q. 12h. Current subjective complaints consist of low back pain, graded at a visual analog scale (VAS) ranging from 6/10 to 8/10, with associated radicular paresthesias and weakness to the right lower extremity. Due to the patient's psychological decompensation with mild depression symptoms, the patient was enrolled in eight individual psychiatric therapy sessions, which was completed on November 4, 2005.

There was no noted documentation of improvement with these sessions. A chronic pain management program was recommended by a neuropsychiatric M.D. Beck Depression Inventory (BDI) revealed a score of 12, indicating a minimal level of depression, and Beck Anxiety Inventory (BAI) revealed a score of 6, revealing minimal anxiety. The patient was then treated for five days of a chronic pain management program through January 25, 2006.

With the information submitted for this review, it is the opinion of this reviewer that the non-certification for the chronic pain management be upheld because:

1. The main focus of these programs is to provide patients with functional restoration so that they may return to a gainful and suitable occupation. Also, to wean off medications so they can return to some formal vocation. This success is reduced drastically after one year and this injury is almost seven years old. There is no peer review literature to support programs for these older injuries.
2. It is the opinion of this reviewer, that the patient has not exhausted all interventional procedures for his problem.

3. The program goals for this patient are not objective, functional, or measurable. There was no indication how opiate pain management will be accomplished. There was no behavioral analysis of opiate pain management behaviors and how this impacts a form of return to work. There was no environmental analysis of his problems or how they will be addressed.
4. Medication titration can usually be performed in office over an eight-week period.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEM Guidelines, 2nd Edition, Chapter 6.

Pain Management, A Comprehensive Review, 2nd Edition, Chapter 11, copy co-entitled,
“Coexisting Psychological Factors” by Beleg, et. al.

Practical Pain Management, September/October 2004, Volume 4, Issue 5, page 226 to 234,
which also addresses the importance of functional restoration programs in order to achieve
functional improvement.

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.