



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1259-01
Social Security #: _____
Treating Provider: Daryl Pate, DC
Review: Chart
State: TX
Date Completed: 6/15/06

Review Data:

- Notification of IRO Assignment dated 5/9/06, 1 page.
- Receipt of Request dated 5/9/06, 1 page.
- Medical Dispute Resolution Request/Response dated 4/19/06, 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Fax Cover Sheet dated 6/7/06, 1 page.
- Carrier's Statement dated 6/7/06, 2 pages.
- SOAP Note dated 5/9/06, 5/8/06, 2/9/06, 1/5/06, 6 pages.
- Assessment dated 5/4/06, 1 page.
- History, Physical, and Neurological Examination dated 5/4/06, 3 pages.
- Required Medical Examination dated 4/6/06, 3 pages.
- Letter to Provider dated 3/22/06, 2 pages.
- Case Review dated 3/10/06, 1 page.
- Lumbar Spine MRI dated 2/17/06, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for physical therapy (CPT codes 97110, 97112 and 97530).

Determination: UPHELD - previously denied request for physical therapy (CPT codes 97110, 97112 and 97530).

Rationale:

Patient's age: 38 years

Gender: Male

Date of Injury: _____

Mechanism of Injury: While installing a pipe he lost his balance, twisted his back and fell against a railing on the lift.

Diagnoses: Lumbar nerve root irritation and myalgia.

The patient is now approximately one year and five and one half months post injury status. The Texas Mutual case notes from 6/7/06, indicated that Daryl Pate, DC, disclosed in a report dated 2/9/06, that the claimant was recently released from jail after being incarcerated for 11 ½ months. This report indicated the claimant presented to Dr. Pate, DC, with “acute low back pain.”

The claimant had a carrier selected Required Medical Examination (RME) performed by Hooman Sedighi, MD, a physical medicine and pain management specialist. The examination was on 4/6/06, and Dr. Sedighi reported that the claimant has not had any lasting benefit from the chiropractic care, and had at least three nerve blocks in the chiropractic clinic, which were apparently performed by Dr. Jerry D. Houchin, DO, a pain management specialist. It was noted that these had no significant benefit. Dr. Sedighi also noted that he did not believe that this claimant had injury to the underlying spinal structures, and should not have required chiropractic care beyond the initial 6 weeks. He further indicated that there was no medical necessity to continue with injections, chiropractic manipulation or chiropractic/physical therapy, and that he needed six sessions of physical therapy from a registered physical therapist, to transition him to home exercises, and then should be able to return to work. He noted that on 5/4/06, the claimant had a Functional Capacity Evaluation (FCE) performed, which indicated he was capable of medium duty job demand level; however, this report did not provide the actual job description or Department of Labor code to verify his working demand level expected.

The actual report from Dr. Rosenstein, MD, which was dated 5/4/06, indicated the claimant had at least two epidural steroid injection (ESI) procedures for his low back, which did not help him. This note also indicated that an MRI of the lumbar spine on 2/17/06, revealed thinning and desiccation of the disc at L4-5, with an anterior disc protrusion measuring 4-5 mm towards the pre-vertebral soft tissue space (retroperitoneum) at this level, with Modic type II fibro fatty degeneration of the endplates, indicating chronically altered mechanical stresses upon the spine at this level. There was also a 1-1.5 mm disc protrusion present at L4-5 minimally narrowing the inner zonal fat of the neural exit foramina bilaterally indicative of disc edema. There was facet arthrosis noted from L3-4, L4-5 and L5-S1. There was an L5 transitional segment noted. The patient related to Dr. Rosenstein, that he had been in pain for 17 months, and that “he is now getting worse rather than better.” Dr. Rosenstein indicated that he was classified as a sheet metal mechanic. Dr. Houchin, DO, also noted on his 5/9/06 report, that the patient had severe lumbar pain, with radicular type pain into his hips, painful ambulation, and sleep loss due to pain, and was given a Toradol and Vistaril injection on that date, and was wanting stronger medications; however, at that point in time, he was refusing other forms of therapy and treatments.

A note dated 5/11/06, from Daryl Pate, DC, indicated on examination that there was reduced pinwheel sensation at the left L4 and S1 dermatomes, motor was 5/5 and reflexes were normal. The patient was taken off work due to lack of light duty being available at that time, and a recommendation for a CT myelogram was ordered by Dr. Rosenstein.

The current request is to determine the medical necessity and dispute resolution regarding physical therapy with CPT codes 97110, 97112 and 97530, at three times per week for four weeks. This request was not found medically necessary at this time, with reference to the Texas Department of Insurance and DWC Rules and Regulations. The physical therapy to date has not cured, relieved or provided symptom resolution for this claimant. Additionally, this claimant was determined by an RME examiner not to be in need of any further chiropractic manipulation or chiropractic/physical therapy as of 4/6/06. The RME did recommend only six physical therapy

sessions with a registered physical therapist, to provide home exercise stretching and strengthening education, and then recommended the claimant return to work after that was completed.

This claimant has received a more than adequate amount of chiropractic/physical therapy since at least January 2006, without lasting benefits or evidence of measurable or demonstrable subjective or objective improvements or symptoms resolution. Therefore, no further physical therapy is indicated at this time, with the provided information considered for this dispute resolution. The claimant should be able to perform home exercises by now.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor 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.