



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1265-01
Social Security #: _____
Treating Provider: Jonathan Wheeler Twigg, DC
Review: Chart
State: TX
Date Completed: 6/20/06
Amended Date: 6/22/06

Review Data:

- **Notification of IRO Assignment dated 5/10/06, 1 page.**
- **Receipt of Request dated 5/10/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 4/20/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Cover Sheet dated 5/11/06, 1 page.**
- **Dispute Letter dated 5/3/06, 2 pages.**
- **Fax Sheet dated 4/18/06, 1 page.**
- **Notification of Appeal Outcome dated 3/23/06, 1 page.**
- **Letter of Clarification dated 3/16/06, 1 page.**
- **Addendum dated 3/15/06, 2 pages.**
- **Report of Medical Evaluation dated 12/20/05, 1 page.**
- **Notification of Review Outcome dated 3/9/06, 1/13/06, 4/15/05, 10/5/04, 4/20/04, 5 pages.**
- **SOAP Note dated 3/2/06, 2/6/06, 2/1/06, 1/30/06, 1/6/06, 12/20/05, 8/4/05, 4/13/05, 4/7/05, 2/24/05, 1/20/05, ____, 12/16/04, 13pages.**
- **Progress Notes dated 3/2/06, 3/1/06, 2/16/06, 2/15/06, 2/14/06, 2/3/06, 2/1/06, 1/30/06, 1/17/06, 9/29/05, 7/21/05, 5/31/05, 4/21/05, 2/14/05, 1/20/05, 9/23/04, 8/23/04, 7/15/04, 6/17/04, 5/17/04, 12 pages.**
- **Letter dated 1/26/06, 1 page.**
- **Case Review dated 1/17/06, 5 pages.**
- **Request for Individual Psychotherapy Sessions dated 1/17/06, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 1/18/06, 1/3/06, 12/20/05, 11/3/05, 9/30/05, 7/22/05, 6/21/05, 6/2/05, 4/22/05, 4/13/05, 3/30/05, 2/22/05, 1/20/05, 12/16/04, 11/11/04, 10/11/04, 9/24/04, 9/14/04, 8/9/04, 7/8/04, 5/19/04, 5/13/04, 5/12/04, 4/19/04, 4/2/04, 3/19/04, 2/27/04, 27 pages.**
- **EMG Nerve Conduction Study dated 2/6/06, 2 pages.**
- **Initial Report dated 1/3/06, 5 pages.**
- **Initial Interview dated 1/3/06, 6 pages.**
- **Treatment Order dated 5/24/05, 2/28/05, 2 pages.**

- **Functional Abilities Evaluation dated 12/20/05, 12 pages.**
- **Supplemental Medical Evaluation dated 12/20/05, 15 pages.**
- **Letter of Medical Necessity dated 11/3/05, 1 page.**
- **History and Physical dated 5/17/05, 4 pages.**
- **Behavioral Assessment Packet Report dated 5/17/05, 1 page.**
- **Rehabilitation Symptom Pre-Screen Scoring Summary dated 5/17/05, 4 pages.**
- **Termination Checklist dated 6/27/05, 1 page.**
- **Cervical Spine MRI dated 4/20/05, 3/23/04, 2 pages.**
- **Preliminary File Review dated 11/9/04, 1 page.**
- **Operative Report dated 10/15/04, 2 pages.**
- **Medical Documentation dated 9/2/04, 6/30/04, 4/16/04, 3/11/04, 2/27/04, 8 pages.**
- **Lumbar Spine with SI Joints Ultrasound dated 7/20/04, 2 pages.**
- **Physician Orders for Examination dated 7/12/04, 1 page.**
- **Daily Rehab Note dated 5/26/04, 3/29/04, 2 pages.**
- **Clinical Evaluation dated 5/26/04, 1 page.**
- **Exercise Log dated 5/26/04, 5/19/04, 3/29/04, 3/22/04, 6 pages.**
- **Daily Consult dated 5/13/04, 4/2/04, 3/19/04, 3 pages.**
- **Lumbar Spine CT Scan dated 4/22/04, 1 page.**
- **Electrodiagnostic Studies dated 4/20/04, 3/25/04, 10 pages.**
- **Letter of Necessity for a CT Scan dated 4/13/04, 2 pages.**
- **Lumbar Spine MRI dated 3/5/04, 1 page.**
- **Emergency Room Record dated 2/25/04, 1 page.**
- **Initial Examination dated 9/7/05, 1/20/05, 2/27/04, 3 pages.**
- **Patient Treatment Plan dated 2/27/04, 1 page.**
- **Initial Examination Form dated 2/27/04, 1 page.**
- **Request for Diagnostic Study (date unspecified), 1 page.**
- **Prescription (date unspecified), 1 page.**
- **Discharge Summary (date unspecified), 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 30 sessions of chronic pain management, 5 times a week for 6 weeks.

Determination: UPHELD - previously denied request for 30 sessions of chronic pain management, 5 times a week for 6 weeks.

Rationale:

Patient's age: 38 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: While picking up a corral (15 tubular pieces, each weighing 300 pounds) with two other co-workers, he developed low back pain.

Diagnoses:

1. Post Cervical Fusion
2. Cervical Disc Displacement

3. Lumbar Disc Displacement
4. Myospasms

The patient underwent a Designated Doctor Examination by Melvin Manning, Jr., MD, who was the physical medicine and rehabilitation specialist who determined this claimant was at maximum medical improvement (MMI) as of 12/20/05; and a 25% whole person impairment rating was given. This report from Dr. Manning also indicated a summary of findings regarding an MRI of the lumbar spine on 3/5/04, which was normal, an MRI of the cervical spine dated 3/23/04, that revealed a C4-5 left central disc herniation extrusion producing moderate to severe central spinal canal stenosis, and a small herniation protrusion at C4-5, C5-6 and C6-7.

An electromyogram/nerve conduction velocity (EMG/NCV) study dated 3/25/04, revealed a left S1 sensory and left L5 nerve root involvement. An EMG/NCV of the upper extremities revealed a right cervical radiculopathy at the level of the C6 nerve root, affecting the right biceps muscle. A CT scan of the lumbar spine dated 4/22/04 was normal. A cervical MRI was repeated on 4/20/05, and revealed post surgical changes at C5-6, with effacement of CSF anterior to the cord narrowing of the left neural foramen, and flattening of the cord at C4-5, due to osteophytic ridging and disc bulging, as well as a C3-4 central disc protrusion deforming the cord. This report from Dr. Manning also summarized that the claimant had completed a work hardening program with functional, physical, behavioral and vocation needs addressed. There was information indicating that this claimant was provided at least 8 sessions of individual psychotherapy with Health Trust, LLP Chronic Pain Management Service, and no improvement was documented. He also documented a Functional Capacity Evaluation (FCE) on 12/20/05, in which the claimant perceived his disability as severe and was reporting pain at 9/10. His PDL on that date was that of light duty which did not meet his required medium duty job description as a maintenance worker for American RV Mart.

There was a report dated 5/17/05 from George Ybarra, LMSW-AP, who related that the patient had undergone cervical spine surgery (2 levels of anterior cervical discectomy and fusion at C4-5 and C5-6) by a Dr. Zolfoghary, on 10/15/04. His determination was that the claimant was experiencing only mild to moderate levels of pain that was creating a great deal of interference in his life. He recommended that the work hardening program he was actively in at the time, "capably addresses the functional, physical, behavioral and vocational needs of the injured worker." On 1/17/06, peer reviewer, David Niekamp, DC, did not feel that continued chiropractic and physical therapy was appropriate beyond his MMI date of 12/20/05, and indicated a pain specialist might be beneficial. Eight individual psychotherapy sessions with Healthtrust Chronic Pain Management Service was authorized. His psychotherapy visits were conducted by Marisela Cottrell, MA LPC-Intern, for one hour per day. The actual notes were dated 1/30/06 and pain is 8/10, 2/1/06 pain was a 9/10, 2/3/06 was a 8/10 pain 2/14/06 and pain was 7/10, 2/15/06 and pain was 7/10, 2/16/06 and pain was 8/10, 3/1/06 pain was 7/10, 3/2/06 and pain was 6/10. Oddly, the Designated Doctor report from 12/20/05 with Dr. Manning, MD, indicated only pain scale of 3/10 and his highest level of pain being a 4/10, as indicated by the patient. Then on the same date, he reported pain at 9/10 while interviewing for the FCE performed on that same date of 12/20/05.

The current request is to determine the medical necessity for thirty sessions of chronic pain management, at five times per week for 6 weeks. The medical necessity for this request was not found. This claimant has been afforded medications, medical treatments, surgical intervention,

physical therapy, chiropractic treatments, aquatic therapy, work hardening (multi-disciplinary with pain issues addressed), and at minimum eight recent individual psychotherapy sessions with individualized pain management techniques. These visits did not reduce his pain perception overall, and his pain waxed and waned between 6-9/10 VAS. This patient had been determined MMI, with a 25% impairment rating as of 12/20/05, and determined capable of returning to work in a light duty capacity. Therefore, with reference to the Texas Department of Insurance and DWC Rules and Regulations, in particular Texas Labor Code 408.021, this patient has been afforded a more than reasonable attempt to address his pain issues and he has simply not responded with lasting benefits. Also, as noted in ACOEM guidelines page 116, "the end point of pain management is a return to function rather than the completion or immediate cessation of pain." This patient has had the equivalent program of pain management without significant response. Therefore, this request is non-certified as not medically necessary at this time, with the available information presented.

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

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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on, This 22nd day of June 2006.

***Signature of IRO Employee:
Printed Name of IRO Employee***

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