CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-1274-01
Social Security #: ___
Treating Provider: Randy Rogers, DC
Review: Chart
State: TX
Date Completed: 6/5/06

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 4/24/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Chronic Pain Management Treatment Plan (date unspecified), 2 pages.**
- **Interdisciplinary Treatment Modalities (date unspecified), 2 pages.**
- **Fax Cover Sheet dated 4/12/06, 4/11/06, 2 pages.**
- **Peer Reviewer Final Report dated 4/18/06, 3 pages.**
- **Pre-Authorization dated 4/18/06, 3/22/06, 3/17/06, 3 pages.**
- **Screen Print Out (date unspecified), 1 page.**
- **Reconsideration: Chronic Pain Management Program Pre-Authorization Request dated 4/11/06, 7 pages.**
- **SOAP Note dated 4/11/06, 1 page.**
- **Bilateral Ankles and Feet Bone Scan dated 4/3/06, 1 page.**
- **Evaluation and Treatment Issues (date unspecified), 12 pages.**
- **Initial Pre-Authorization (date unspecified), 1 page.**
- **Request for Initial 10-day Trial of The Chronic Pain Management Program dated 3/17/06, 6 pages.**
- **Chronic Pain Management Plant and Goals of Treatment dated 3/6/06, 4 pages.**
- **Initial Consultation dated 3/1/06, 2 pages.**
- **Functional Capacity Evaluation dated 2/24/06, 2/21/06, 10 pages.**
- **Prescription dated 2/21/06, 1 page.**
- **Case Review dated 1/31/06, 5 pages.**
- **Initial Behavioral Medicine Consultation dated 9/7/05, 8 pages.**
- **Patient Face Sheet (date unspecified), 1 page.**
- **Consultation dated 7/16/05, 4 pages.**
- **Lumbar Spine MRI dated 4/14/05, 1 page.**
- **Right Ankle MRI dated 4/1/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 10 sessions of chronic pain management.

Determination: REVERSED - the previously denied request for 10 sessions of chronic pain management.

Rationale:

Patient's age: 59 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: When moving a bread rack, she walked out of a door, turned and twisted and fractured her right ankle, causing her to fall to the ground.
Diagnoses: Fracture of right ankle of distal fibula, chronic pain syndrome, and depression.

The compensable injury body part indicated is the right ankle fracture; and disputed body parts/conditions include the lumbar spine, diabetes, depression, and pain attacks. The claimant was determined to be at maximum medical improvement (MMI) on 5/2/05, with a 3% impairment rating. A past peer review report, completed on 4/18/06, by Howard Rosen, MD, a pain management specialist, indicated MRI findings of the right ankle revealed an oblique fracture of the distal fibula, a thickened anterior talofibular ligament, degenerative changes in the ankle joint and non-specific edema in the sinus tarsi. The claimant had a significant amount of physical therapy. She had also completed individual psychotherapy sessions, which she completed in January of 2006. The claimant was also recommended for a pain management program by Elizabeth Keller, MSN on 3/1/06. A bone scan was performed on 4/3/06, which revealed an increased uptake in the mid-portion of the right foot, suggestive of arthritis, without probability of a fracture. A 4/11/06 note from her treating doctor, Randy Rogers, D.C., documented continued complaints of soreness, stiffness, and weakness of the right ankle. Objective findings documented swelling and restricted dorsiflexion and plantar flexion.
On 3/6/06, the claimant reported that her pain intensity level was 7/10. The current request is to determine the medical necessity for 10 sessions of a chronic pain management program. The medical necessity for this request was found within the rules and regulations used for a Texas Injured Worker. Despite being at maximal medical improvement (MMI), this claimant was diagnosed with chronic pain syndrome, along with depression and anxiety. This claimant's constellation of symptoms requires a multidisciplinary program for appropriate treatment. Moreover, this claimant conforms precisely with the population of patients for whom chronic pain management is intended. The treatment of chronic pain requires specialized knowledge, substantial time, and access to multidisciplinary care. Therefore, it is this reviewer's opinion, that since this claimant has not been afforded a specific structured pain management program to address her continued problems, a trial of 10 sessions of chronic pain management be provided to her.

Criteria/Guidelines utilized: 1) The Texas Department of Insurance Rules and Regulations, specifically 408.021 of the Texas Labor Code and specific commission rule TWCC 134.1001 (C.) (1) (A).
2) The ACOEM Guidelines, 2nd Edition, Chapter 6, page 109.

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.