



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1286-01
Social Security #: _____
Treating Provider: Michael Wolford, DC
Review: Chart
State: TX
Date Completed: 6/13/06

Review Data:

- **Notification of IRO Assignment dated 5/24/06, 1 page.**
- **Receipt of Request dated 5/22/06, 1 page.**
- **Medical Disputed Resolution Request/Response dated 4/25/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Fax Cover Sheet dated 5/26/06, 1 page.**
- **Letter dated 5/21/05, 5/12/05, 3 pages.**
- **Follow-up Office Visit dated 4/20/06, 9/29/05, 9/1/05 3 pages.**
- **Appeal Denial Letter dated 1/25/05, 2 pages.**
- **Office Notes dated 4/5/06, 2 pages.**
- **Lumbar Spine MRI dated 3/16/05, 1 page.**
- **Denial by Physician Advisor dated 3/15/06, 3 pages.**
- **Health and Behavioral Re-assessment Summary dated 2/22/06, 3 pages.**
- **Office Visit dated 1/3/06, 2 pages.**
- **Operative Report dated 10/18/05, 8/5/05, 2 pages.**
- **Initial Visit Comprehensive Evaluation dated 7/21/05, 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for chronic pain management, 20 sessions.

Determination: **UPHELD** - chronic pain management, 20 sessions.

Rationale:

Patient's age: 59 years

Gender: Female

Date of Injury: _____

Mechanism of Injury: Fell from a stepladder and injured her left shoulder and lumbar spine, both knees and cervical spine.

Diagnoses: Discogenic pain at L4-5; internal derangement of left shoulder; low back pain, with radiculopathy; internal derangement of bilateral knees.

An MRI of the lumbar spine was performed on 3/16/05, and revealed degeneration and shallow spondylosis at L4-5 and L5-S1, with no evidence of foraminal stenosis. There was a 1.2 cm right-sided S2 perineural sheath cyst, and a left sided 3 mm cyst. A previous review indicated that the EMG/NCV study was negative and an MRI of the left shoulder was consistent with bursitis. This review also indicated that the patient was recommended for lumbar fusion surgery (however, Dr. Francis, MD says disc replacement surgery) but that she declined due to fear. She had participated in psychotherapy sessions and failed all lower levels of conservative care. There was indication of a behavioral assessment done on 2/22/06, which indicated evidence of complaints disproportionate to objective findings. She had an elevated L scale, which indicated that this claimant most likely would be a poor candidate for this type of pain program. The actual 2/22/06 Health and Behavioral Reassessment Summary indicated a GAF score of 63 and a previous GAF score of 83. This report also indicated that the patient had weekly psychotherapeutic group sessions, focusing on both education and psychological components, to help decrease pain and stress levels. She reported positive changes in both her thinking and behavior and the physical therapy made her feel stronger and less physically challenged. (No details offered). The treatment team concluded that she required more intense treatment and would benefit from daily psychological and physical intervention, which is part of the chronic pain management program. Her last BDI score was 26 and BAI score was 27, which continued to indicate that depression, and anxiety levels remained high. The report went on to say that the patient continued to have a severe-moderate range of perception of her disability with anxiety irritability and pain symptoms. She was reporting pain scale on that date of 6/10. There was a report from orthopedic spine specialist Richard Francis, MD, dated 1/3/06, which indicated she continued to have low back pain despite more than 70 sessions of physical therapy, and had pain management as well. The pain management had included interventional injections in the form of lumbar ESI on two occasions, as well as medication management, and that she was still unable to work. She was limited to 25 degrees of flexion on forward bending and no evidence of nerve root tension signs. Myotomes of the lower extremity were normal. The dermatomal sensation testing was entirely normal. He recommended an artificial disc replacement at the L5-S1 level, which was also recommended by him in May 2005. The current request, is to determine the medical necessity for twenty sessions of a pain management program. The medical necessity for this request is simply not found. This claimant has had an appropriate trial of pain management, over 70 sessions of physical therapy, at least 2 ESI procedures, she had weekly psychotherapeutic group sessions focusing on both education and psychological components to help decrease pain and stress levels, and continued to have reported severe to moderate degrees of anxiety and depression and continued reported 6/10 pain levels. All treatments have failed to return this claimant to work or to a level of functional activities without pain. Therefore, with reference to the Texas Department of Insurance and DWC Rules and Regulations which states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury, (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. This request is non-certified and the denial is upheld. Additional reference was made to the ACOEM Guidelines, Chapter 6 that indicates if a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed in order to identify incorrect or missed diagnoses. Further treatment should be appropriate for the diagnosed condition and should not be performed simply because of continued reports of pain. A Designated Doctor Examination to determine maximum medical improvement (MMI) status if she does not undergo surgery, would be appropriate and impairment rating can be given at that time.

Criteria/Guidelines utilized: 1) Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021.

2) ACOEM Guidelines, 2nd Edition, Chapter 6, page 115.

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.

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