



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1358-01
Social Security #: _____
Treating Provider: A.T. Carrasco, MD
Review: Chart
State: TX
Date Completed: 6/27/06

Review Data:

- **Notification of IRO Assignment dated 5/23/06, 1 page.**
- **Receipt of Request dated 5/22/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/3/06, 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.**
- **Follow-up Examination dated 5/11/06, 4/4/06, 2/28/06, 12/13/05, 10/13/05, 8/9/05, 6/14/05, 3/29/05, 3/15/05, 1/14/05, 10 pages.**
- **Utilization Review Findings dated 4/24/06, 4/11/06, 5 pages.**
- **Encounter Notes dated 3/16/06, 2 pages.**
- **Operative Report dated 5/2/05, 2/21/05, 2 pages.**
- **Designated Doctor Evaluation dated 3/23/05, 7 pages.**
- **Report of Medical Evaluation dated 3/23/05, 1 page.**
- **Initial Consultation dated 1/5/05, 2 pages.**
- **Thoracic Spine MRI dated 10/29/04, 1 page.**
- **Cervical Spine MRI dated 10/29/04, 1 page.**
- **Examination dated 12/23/03, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 4-6 trigger point injections.

Determination: **UPHELD** - the previously denied request for 4-6 trigger point injections.

Rationale:

Patient's age: 24 years
Gender: Female
Date of Injury: _____

Mechanism of Injury: Lifting a child out of a wheelchair, twisted and felt a strain in the back.

Diagnoses: Chronic pain in the neck and shoulder; myofascial pain syndrome.

The claimant had continued complaints of neck and shoulder pain. She had undergone prior trigger point and Botox injections, with limited benefit. She had utilized concurrent medications and physical therapy modalities. A request has been made for four to six trigger point injections. Four to six trigger point injections would not be deemed medically necessary for this claimant. The claimant had undergone seven prior trigger point and eight botulinum toxin injections, with limited success. It was noted that the claimant had a history of severe anxiety about needles and procedures have required sedation. The claimant had a negative cervical and thoracic MRI, and had chronic neck and shoulder pain, which would not be expected to improve for more than a transient basis with trigger point therapy. This would seem to be born out, as it was noted in the records her failure to improve with previous injections. The above recommendation for four to six trigger point injections is, therefore, deemed not to be medically necessary.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEM Guidelines, 2nd Edition, Chapter 8.
Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 1124.

Physician Reviewers Specialty: Orthopedic Surgeon

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.

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 27th day of June, 2006.

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Date: 1/23/2007

Signature of IRO Employee:

Printed Name of IRO Employee

*Lee-Anne Strang
Senior PRN Supervisor*

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