



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1421-01
Social Security #: _____
Treating Provider: Ernest Roman, MD
Review: Chart
State: TX
Date Completed: 7/6/06

Review Data:

- **Notification of IRO Assignment dated 6/1/06, 1 page.**
- **Receipt of Request dated 6/1/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/15/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Independent Review Organization Summary dated 6/8/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 9/6/02, 1 page.**
- **Examination dated 3/9/05, 2/8/05, 1/6/05, 12/2/04, 11/3/04, 9/29/04, 9/1/04, 8/3/04, 4/27/04, 2/17/04, 12/17/03, 4/30/03, 9/24/02, 51 pages.**
- **Cervical Spine, Thoracic Spine, Lumbopelvic X-rays dated 9/20/02, 2 pages.**
- **Lumbar Spine MRI dated 10/8/02, 1 page.**
- **Consultation dated 10/22/02, 3 pages.**
- **Questionnaire (date unspecified), 1 page.**
- **L5-S1 Epidurography, Under Fluoroscopic Guidance dated 11/22/02, 2 pages.**
- **Electrodiagnostic Report dated 11/26/02, 8 pages.**
- **Work Hardening Evaluation Update dated 4/12/03, 6 pages.**
- **Texas Workers' Compensation Work Status Report dated 8/31/04, 7/30/04, 7/2/04, 6/30/04, 6/9/04, 4/28/04, 3/29/04, 1/29/04, 12/3/03, 8/14/03, 7/1/03, 5/30/03, 5/1/03, 12 pages.**
- **Initial Interview dated 6/18/03, 3 pages.**
- **Health and Behavioral Assessment dated 9/10/03, 6 pages.**
- **Lumbar Facet Block dated 1/26/04, 1 page.**
- **Operative Report dated 4/12/04, 1/26/04, 2 pages.**
- **Anesthesia Record dated 4/12/04, 1/26/04, 2 pages.**
- **Initial Examination dated 3/17/04, 4 pages.**
- **Psychological Pain Evaluation dated 5/6/04, 6 pages.**
- **History and Physical Examination dated 5/25/05, 2 pages.**
- **Range of Motion Examination dated 4/20/06, 3/29/06, 2/20/06, 1/16/06, 12/6/05, 11/2/05, 8/10/05, 6/27/05, 5/25/05, 21 pages.**
- **Follow-up Visit dated 6/27/05, 1 page.**

- **Initial Medical Consultation** dated 11/2/05, 3 pages.
- **Follow-up Medical Evaluation** dated 4/20/06, 3/29/06, 2/20/06, 1/16/06, 12/6/05, 14 pages.
- **Case Review** dated 4/7/06, 12 pages.
- **Physical Performance Test** dated 4/7/06, 13 pages.
- **SOAP Notes** dated 7/30/04, 6/30/04, 6/2/04, 4/28/04, 3/17/04, 12/3/03, 12/23/02, 12/18/02, 12/16/02, 12/13/02, 12/9/02, 12/6/02, 12/2/02, 11/27/02, 11/25/02, 11/20/02, 11/18/02, 11/15/02, 11/13/02, 11/8/02, 11/6/02, 11/1/02, 10/9/02, 10/7/02, 10/2/02, 10/1/02, 9/30/02, 9/26/02, 9/23/02, 9/20/02, 9/19/02, 9/16/02, 9/13/02, 9/12/02, 9/11/02, 9/10/02, 9/10/02, 9/9/02, 26 pages.
- **Physical Therapy Evaluation** dated 1/14/03, 1 page.
- **Physical Therapy Progress Notes** dated 5/16/03, 5/12/03, 5/9/03, 5/5/03, 5/2/03, 4/25/03, 4/23/03, 4/4/03, 4/2/03, 3/18/03, 3/14/03, 3/12/03, 3/10/03, 3/5/03, 2/28/03, 2/18/03, 2/13/03, 1/30/03, 1/29/03, 1/24/03, 1/22/03, 1/20/03, 1/14/03, 4/3/02, 23 pages.
- **Progress Summary** dated 8/5/04, 7/28/04, 7/19/04, 7/6/04, 7/1/04, 6/24/04, 6 pages.
- **Daily Progress Notes** dated 9/28/04, 9/27/04, 9/24/04, 9/23/04, 9/22/04, 9/20/04, 9/17/04, 9/16/04, 9/15/04, 9/14/04, 9/13/04, 9/9/04, 9/8/04, 9/7/04, 9/3/04, 9/2/04, 8/31/04, 8/27/04, 8/26/04, 8/25/04, 8/24/04, 8/23/04, 8/20/04, 8/19/04, 8/17/04, 25 pages.
- **Office Visits** dated 2/16/04, 2/9/04, 2/2/04, 3 pages.

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

Determination: UPHeld - previously denied request for 20 sessions of chronic pain management.

Rationale:

Patient's age: 45 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Lifting a 30-pound bag.

Diagnoses:

1. Low back pain.
2. Intervertebral disk without myelopathy.
3. Lumbar radiculitis.

This injury is three years and nine months old. Subsequent to this claimant's work-related injury, she had undergone extensive conservative treatment consisting of 80 plus physical therapy visits; interventional pain management procedures consisting of lumbar epidural steroid injections and lumbar facet joints injections; multiple diagnostic testing, and radiographic imaging studies; multiple referrals/consultations with specialist; enrollment in a work conditioning/work hardening program; and enrollment in a chronic pain management program. Currently, from the submitted follow-up note of April 20, 2006, this patient's average daily low back pain was rated as a 3/10 on the visual acuity scale (VAS). The patient described her pain as achy, with a few exacerbations of sharp pain aggravated by bending at the waist, prolonged standing, walking or riding in a

vehicle. This patient is currently working approximately 6 hours per day, Monday through Friday.

The claimant stated that since she had been working, her persistent sadness and energy level had improved. Her current medications include Arthrotec, Baclofen, Darvocet, Bactroban, Restoril and Paxil. The objective findings included diffuse tenderness in the lumbar spine, with minimal paraspinal spasm; decreased sensation in the L5 distribution on the left; positive straight leg raise on the left at 45 degrees in the sitting position; heel and toe-walking were without difficulty; lumbar ranges of motion were limited in flexion to fingertips 30 cm from the floor; and deep tendon reflexes were 2+/4, except at the left Achilles levels, which were 1/4. It is noteworthy that, over the past three and one-half years, the findings on physical examination have varied considerably.

An MRI of the lumbar spine, performed on October 8, 2002, revealed a 3 mm. left paracentral disk herniation at the L5-S1 level with disk desiccation, indenting not only the thecal sac, but also the exiting nerves on the left side. A lower extremity dermatomal somatosensory evoked potential and nerve conduction study, performed on November 26, 2002, were both reported as normal. Interventional pain management procedures resulted in unsustained pain relief. It was noted through multiple orthopedic evaluations that the patient was not a surgical candidate.

In April of 2003, the patient was placed in a work conditioning/work hardening program, in order to address her physical, behavioral, and vocational needs. Reportedly, the patient's job description was in the category of a medium heavy physical demand level. By June 18, 2003, the patient was referred for an initial consultation regarding mental health treatment. The psychological testing report of September 10, 2003 revealed a Beck Depression Inventory (BDI) of 19 indicating mild depression, a Spielberger State-Trait Anxiety Inventory of 49, indicating moderate anxiety, and a global assessment functioning (GAF) score of 55, implying moderate symptoms (flat affect, circumstantial speech, occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (few friends, complex with fears, or coworkers). With the above criteria listed, the patient was enrolled in a chronic pain management program from August 17, 2004 through September 28, 2004. On April 7, 2006, a chronic pain management report documented that the patient's pain, which she described as excruciating and more intense than previously, had returned. She was, therefore, referred for additional chronic pain management. There was a discrepancy in the physician's reporting of pain levels and the functional activity between the chronic pain management report of April 7, 2006 and the requesting physician's follow-up note of April 20, 2006.

The data submitted for review documented that the patient previously completed a course of chronic pain management; however, there was no data confirming that the patient did, in fact, fail, nor any data explaining why the patient failed, or what could possibly be done differently to rectify the basis for this patient's failure. Such data would be necessary to consider the medical necessity of the chronic pain management sessions in question. Moreover, the main purpose of chronic pain management programs is to facilitate a patient's return to work. According to the follow-up notes submitted from April 20, 2006, this patient is already working at 6-hours a day, five days a week. In the absence of the omitted data discussed above and, based upon all of the foregoing, the 20 sessions of chronic pain management in question hereunder cannot be recommended. Accordingly, the previous denial must be upheld.

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

1. The ACOEM Guidelines, 2nd Edition, Chapter 6.
2. Pain Medicine: A Comprehensive Review, 2nd Edition, Chapter 11, by P. Prithvi Raj, M.D..
3. "Coexisting Psychological Factors" by authors Pelej et al. in Practical Pain Management September/October 2004, Volume 4, Issue 5, pages 26 to 34.

Physician Reviewers Specialty: Pain Management

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 6th day of July, 2006.

Signature of IRO Employee:



Printed Name of IRO Employee ***LeeAnne Strang – Senior PRN Supervisor***
CompPartners