CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-1487-01
Social Security #: ___
Treating Provider: Jason Eaves, DC
Review: Chart
State: TX
Date Completed: 6/27/06

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 5/17/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Pre-Authorization Determination dated 4/3/06, 3/14/06, 2 pages.**
- **Consultation dated 9/8/05, 5/4/05, 4 pages.**
- **Operative Report dated 3/27/06, 1 page.**
- **Pre-Authorization Request dated 3/28/06, 1 page.**
- **Reconsideration Chronic Pain Management dated 3/27/06, 1 page.**
- **Physical Performance Evaluation dated 2/16/06, 10 pages.**
- **Behavioral Health Treatment Progress Report dated 2/3/06, 3 pages.**
- **Office Visit dated 12/6/05, 2 pages.**
- **Patient Demographics dated 11/6/05, 1 page.**
- **Prescription dated 11/6/05, 5/20/05, 4 pages.**
- **Release Form dated 11/6/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 12/7/05, 6/2/05, 5/20/05, 5/4/05, 4 pages.**
- **Lumbar and Cervical Spine MRI dated 7/18/05, 1 page.**
- **Lower Extremity Evoked Potential Study dated 9/15/05, 1 page.**
- **Legal Letter dated 6/7/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 5/3/05, 1 page.**
- **Benefit Dispute Agreement dated 8/8/05, 1 page.**
- **Abdomen X-ray dated 5/5/05, 1 page.**
- **Cervical Spine X-ray dated 5/5/05, 1 page.**
- **Lumbar Spine X-ray dated 5/5/05, 1 page.**
- **Thoracic Spine X-ray dated 5/5/05, 1 page.**
- **EMG and Nerve Conduction Study dated 9/7/05, 2 pages**
- **Medical Record Review dated 1/31/06, 4 pages.**
- **Report of Medical Evaluation dated 4/3/06, 12/9/05, 8 pages.**

- **Procedure Note dated 12/14/05, 1 page.**
- **Office Follow-up dated 11/10/05, 1 page.**
- **Narrative Summary dated 5/5/05, 5/4/05, 7 pages.**
- **Daily Treatment Log dated 6/9/05, 6/7/05, 6/3/05, 6/2/05, 6/1/05, 5/27/05, 5/25/05, 5/23/05, 5/20/05, 5/18/05, 10 pages.**
- **Off Work/ School Excuse (date unspecified), 1 page.**
- **Evaluation dated 5/5/05, 1 page.**
- **Range of Motion Examination dated 5/17/05, 16 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 30 sessions of chronic pain management.

Determination: PARTIAL –
REVERSED – 20 sessions of chronic pain management.
UPHELD – 10 sessions of chronic pain management.

Rationale:
Patient's age: 43 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: While at work, a co-worker slammed a chair against the back of her seat and she got pushed into the desk in front of her. She claims symptoms of low back pain, left anterior abdominal pain and has history of neck pain

Diagnoses: Lumbosacral radiculopathy, spondylosis, herniated disc and low back pain /lumbago, myofascial pain syndrome, facet syndrome, muscular deconditioning. Axis 1: 307.89 Pain disorder associated with psychological factors and injury related medical condition and 296.23 Major depressive disorder, severe, without psychotic features, Axis III: Pain disorder related to general medical condition, facet syndrome, myofascial pain syndrome, muscular deconditioning, lumbar sprain strain, Axis IV: Physical health, occupational work, economic financial, primary support group/partner, primary support group/parenting, social environment and AXIS V: GAF: 45-50, serious impairment in social and occupational functioning

A previous letter from Corvel dated 3/14/06 indicates that a denial was made for 30 sessions of pain management program due to the patient not having evidence of any prescribed pain medications for pain control and a pre-injury work level was last recorded as sedentary. Corvel correspondence dated 4/3/06, indicated another peer review denial due to the fact that the patient has had psychological treatment and physical therapy, and had been on anti-depressants-Paxil. She is "morbidly obese and most likely problem is a % of that VS one particular injury" and this IRO reviewer is not clear as to what this statement means. The peer reviewer indicated that a Required Medical Evaluation (RME) with a neurosurgeon or orthopedic spine specialist would be helpful to determine if any further treatment was necessary for this injury. There was a consultation by Urfan A. Dar, MD dated 9/8/05 for Interventional Pain Management Physicians, PA in San Antonio, TX. He noted her pain was better with rest and medications. Her pain scale was 9/10. At that time, she was taking Ibuprofen, Skelaxin and Zoloft for depression. Her review of systems included positive for depression, aggression and anxiety, with diarrhea, polyuria and incontinence, as well as shortness of breathe. She had a past history of cancer of the lymph node,

which was resected in 2003 and is determined to be in remission. She is 5'8" and weighs 284 pounds. Deep tendon reflexes (DTR) were 2+, there was tenderness in the midline over the C4-5 region, and range of motion was normal in the cervical and thoracic spine. Sensations were intact. He referenced an MRI of the lumbar spine on 7/18/05, which revealed a central disc protrusion at L4-5 and L5-S1, and a cervical MRI on the same date, revealed a disc protrusion at C3-4 and C4-5, as well as C5-6. He recommended ESI procedure for the lumbar spine. There was documentation which reflected this was performed on 12/14/05 and 3/27/06.

An EMG/NCV report dated 9/7/05, by Wilbur Avant, Jr. MD, a neurologist, revealed bilateral L4, L5 and S1 motor radiculopathy, with the right side showing slightly greater power reductions. There was involvement of the lower sacral motor S2-S4 motor roots based on the external anal sphincter sampling consistent with her development of urinary difficulty. There was a 3/27/06 reconsideration letter from Joe Flood, DC, which was riddled with discrepancy remarks regarding her gender such as "his and him", on page 2 of this report. Nevertheless, the report indicated that a Ms. Carolyn Spencer, LPC, clearly indicated that the patient was on medications of Flexeril, Ultram, Ibuprofen and Paxil. He also claimed that the patient was unable to work because of her constant anxiety and depression (which was determined not part of this claim by all parties) and that she could not sit for long periods of time.

A 2/16/06 Functional Capacity Evaluation (FCE) was performed by J.L. Eaves, DC, with pain rated at 5/10. Her job description was "Help desk representative with a PDC of sedentary." He recommended a pain management program because the therapist recommended it due to the patient's physical, mental, and social deficits, as well as her maladaptive coping mechanisms and responses to pain. Dr. Eaves, further indicated that she continued to receive both active and passive care at that time. There was an attorney's office letter dated 6/7/06, indicating that there was a dispute agreement signed by all parties on 8/10/05, which revealed the claimant's injury did not extend to or include cervical sprain/strain, carpal tunnel syndrome, depression or anxiety. The letter also indicated that a Designated Doctor Examination by Cecilier H. Chen, MD, on 4/3/06, found her not at maximum medical improvement (MMI) and that depression and anxiety were not part of her injury, but that she required further stretching and range of motion exercises for four weeks, and would be MMI at 6/1/06. This report was signed by W. Jon Grove.

There was a designated doctor report from Cecilier H. Chen, MD, dated 12/12/05, which indicated the claimant was not at MMI, and recommended exercises on 3/1/06. He also noted on page 2 of his report that "the claimant is over exaggerating some of her symptoms because when an attempt is made to raise her lower extremity up from the exam table she verbalizes and grimaces about her lower back pain." He reported that this was not possible because at 10 degrees leg raise, there is no significant stretch of the lumbar nerve roots, lumbosacral muscles or even the hamstring muscles that would occur. The re-examination with this designated doctor revealed reference to testing on 4/7/06, with a claim of the same problems with invalid orthopedic testing results due to patient guarding. With regard specifically to any movements with her legs to 10-20 degrees however, on visual observation, the claimant could sit with hips and knees flexed at 90 degrees. She claimed 8/10 pain scale ratings. She was still found not at MMI, and more stretching and range of motion was recommended. There was no recommendation for a chronic pain management program from this designated doctor examination. There were miscellaneous notes indicating that the patient had a past history of a lumbar injury in 1994, and also had cervical cancer.

The current request is to determine the medical necessity for the previously denied preauthorization for 30 sessions of a chronic pain management program. The medical necessity for a modification was found at this time, for a trial of 10 sessions of a chronic pain management program, to determine if the patient could benefit from this program, and could then be returned to work. This will address her ongoing perceived issues both physical and psychologically. If there is no positive response with well-documented improvements, then no further pain management program visits would be necessary. Although, the psychological portion of this patient's claim of injury is not an acceptable body part, she does have severe perception of her disabilities with psychological components that would need to be addressed to get over her perceived physical deficits, and hopefully return her to a sedentary work demand level again. Although her work demand level is sedentary, it requires sitting in a chair most of her work day and therefore, her co-morbid factors of positive MRI findings in the lumbar spine, severe obesity (285+pounds), and the fact her injury is the low back and sitting makes her pain worse, her issues are somewhat complicated and therefore, made worse by her non-accepted psychological issues, which continue to be barriers to her safe return to work. Reference is made to page 4 of 4 of the Behavioral Progress Report dated 2/3/06 from Carolyn Spencer, LPC, which clearly indicates that this patient's pain and pain related psychological and psychosocial symptoms, continue to cause her clinically significant distress, and she continued to demonstrate impairment in independent, occupational, social and other areas of functioning, which she would benefit from a trial of outpatient multidisciplinary chronic pain management program to address her physical, mental and social deficits, as well as her maladaptive coping mechanisms and responses to pain. With regard to overturning the previous peer reviews denials, it appears that they did not take into consideration the fact she was indeed taking pain medications, muscle relaxants and depression medications, and may at least address the use of the pain medications and muscle relaxants with a chronic pain management program. It also appears that the co-morbid factors for this patient were not taken into consideration. This IRO reviewer's modification recommendation is supported by the Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 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.

Criteria/Guidelines utilized: 1) Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 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.
2) *Pain Medicine: A Comprehensive Review*, 2nd Edition, Edited by Prithvi Raj.

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 28th day of June 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

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