



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1493-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Jacob Rosenstein, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 8/9/06

### **Review Data:**

- **Notification of IRO Assignment dated 7/14/06, 1 page.**
- **Receipt of Request dated 7/14/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/25/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Benefit Dispute Agreement dated 6/29/04, 6/28/04, 2 pages.**
- **Independent Review Organization Summary dated 7/20/06, 2 pages.**
- **Opinions on Work Hardening (Date Unspecified), 6 pages.**
- **Guidelines (Date Unspecified), 20 pages.**
- **Employer's First Report of Injury or Illness dated 4/4/03, 1 page.**
- **Medical Record Review dated 9/17/04, 3 pages.**
- **Payments of Compensation dated 4/29/03, 5/16/03, 7/3/03, 11/17/03, 4 pages.**
- **Notification of Suspension of Indemnity Benefit Payment dated 4/12/05, 1 page.**
- **Examinations dated 4/4/03, 4/16/03, 4/23/03, 5/5/03, 6/25/03, 7/23/03, 8 pages.**
- **Extended Chart Notes dated 4/8/03, 1 page.**
- **Work Status Reports dated 7/21/04, 4/8/03, 4/16/03, 4/23/03, 5/5/03, 7/28/03, 6 pages.**
- **Procedure Note dated 4/23/03, 1 page.**
- **Sedation Monitoring Form dated 4/30/03, 2 pages.**
- **MRI Lumbar Spine dated 4/30/03, 1 page.**
- **Letters dated 10/26/04, 9/27/04, 4/25/04, 5/5/03, 5/19/03, 7/25/03, 8/20/03, 8/25/03, 9/5/03, 11/17/03, 12/10/03, 12/14/03, 14 pages.**
- **Operative Reports dated 6/10/03, 10/6/03, 10/20/03, 3 pages.**
- **Radiology Reports dated 2/10/05, 7/21/03, 4 pages.**
- **Observation Monitoring Form dated 7/21/03, 1 page.**
- **Evaluations dated 3/23/06, 7/23/03, 4/4/03, 4/11/05, 11/17/04, 7/28/03, 11 pages.**
- **Functional Capacity Evaluation dated 8/19/03, 6 pages.**
- **Initial Patient Examination dated 9/10/03, 2 pages.**
- **SOAP Notes dated 5/14/03, 5/12/03, 5/5/03, 5/2/03, 4/30/03, 4/28/03, 4/24/03, 4/22/03, 2/5/04, 1/8/04, 9/17/03, 10/29/03, 11/14/03, 12/10/03, 14 pages.**
- **MRI Cervical Spine dated 9/17/03, 1 page.**

- **Pre-Anesthesia Consultation dated 10/20/03, 2 pages.**
- **Record Review dated 1/8/04, 3 pages.**
- **Referral dated 1/15/04, 1 page.**
- **Doctor's Notes dated 3/10/04, 3/3/04, 2/18/04, 1 page.**
- **Office Visits dated 6/6/06, 3/8/06, 2/8/06, 12/21/05, 9/21/05, 6/2/05, 3/21/05, 2/16/05, 1/12/05, 11/17/04, 10/20/04, 9/14/04, 3/12/04, 14 pages.**
- **Investigation Report dated 4/15/04, 3 pages.**
- **History, Physical and Neurological Examination dated 7/21/04, 2 pages.**
- **Medical Conference Note dated 8/4/04, 1 page.**
- **Privileged and Confidential Report dated 8/27/04, 6 pages.**
- **Initial Assessment dated 11/9/04, 3 pages.**
- **Interval History dated 11/17/04, 1 page.**
- **Chart Note dated 2/16/05, 1 page.**
- **Impairment Rating Report dated 4/11/05, 1 page.**
- **ESI's Lumbar/Caudal dated 4/19/05, 6/16/05, 2 pages.**
- **Medical Conference dated 4/28/06, 5/15/06, 2 pages.**
- **Interventions dated 10/19/05, 10/6/05, 9/29/05, 9/22/05, 9/15/05, 5/13/05, 5/5/05, 5/3/05, 4/26/05, 4/28/05, 4/21/05, 3/11/05, 3/9/05, 3/4/05, 3/1/05, 2/25/05, 2/24/05, 2/18/05, 2/16/05, 19 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for chronic pain management program, 5 times a week for 4 weeks.

**Determination: UPHELD** - the previously denied request for chronic pain management program, 5 times a week for 4 weeks.

**Rationale:**

**Patient's age:** 52 years

**Gender:** Female

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** Repetitive lifting.

**Diagnoses:** Lumbar degenerative disk disease; chronic low back pain; chronic pain syndrome.

Reportedly, this claimant's work-related injury was due to repetitive lifting which subsequently caused her severe low back pain. Of note, this injury is \_\_\_\_ years and \_\_\_\_ months old. Subsequent to this patient's injury, she had an extensive amount of conservative treatment consisting of physical therapy, medication management (narcotics in the form of Dilaudid, morphine, and Percocet), a myriad of multiple tests (lumbar MRI times 2, lumbar myelogram), interventional pain management procedures (lumbar epidural steroid injections and lumbar facet joint injections and trigger point injections), and psychological counseling. Lumbar spine MRIs revealed degenerative disk disease at the L5-S1 level, with lumbar facet arthrosis and a small foraminal disk herniation at L4-5 on the right. A post-myelogram CT scan showed posterior disk bulging at L2 through L5 with some mild L4 nerve root compression. Objective findings did not correlate with the requesting provider's clinical examination.

An independent medical examination report was submitted on November 17, 2003, and revealed the following objective findings: Range of motion of the lumbar spine showed flexion 50% of normal, extension 30% of normal, negative straight leg raising bilaterally, old pain with range of motion of both hips, and negative Fabere's, bilaterally. Motor and sensory evaluation of the lower extremities was normal. The patient could walk on her toes and heels; the patient could perform a full squat, although it was difficult to get up from a squat position because of subjective weakness in her legs; of note, while performing a straight leg raising maneuvers, the patient described numbness and tingling in the foot, upper thighs, and down to her knees and legs. Of note, the patient denied any significant radicular symptomatology.

The resulting diagnostic impression at that time, revealed lumbar degenerative disk disease as pre-existing condition, which was exacerbated by the claimant's lifting injuries at work, as well significant clinical history of depression. Recommendation was to continue physical therapy and admission of narcotic medication. Of note, reportedly this claimant suffers from depression and has a history of bipolar disorder, which is currently under treatment of a psychiatrist. Review of the extensive progress notes revealed changes in physical examinations from being initially normal and decreases with neurological examinations and finally to no neurologic deficits. Reportedly, this patient had 4/5 positive Waddell's signs for symptom magnification and showed considerable hysterical overlay.

From the very onset of this case, the claimant appeared to have been very pain-focused, with evidence of somatization, symptom magnification, and functional overlay on the basis of multiple positive Waddell's signs. All objective tests that have been performed, have either demonstrated complete and total lack of pathology, as demonstrated by both lumbar MRI and lumbar myelogram. Interventional pain management procedures consisting of lumbar epidural steroid injections and lumbar facet joint injections have resulted in reportedly worsening of pain symptoms. Concurrently, physical modalities will not be effective for this claimant's symptoms. Reportedly, this patient was not considered a surgical candidate.

Current medication management consists of Effexor, Neurontin, Seroquel, Nexium, metoprolol, simvastatin, hydrocodone 10/500, and Skelaxin. Psychological testing was performed in November 2004, which revealed Beck Anxiety Inventory (BAI) of 17, which is in the moderate range and Beck Depression Inventory (BDI) of 9, which is in the normal range. Reportedly, a chronic pain management program was requested and denied twice at that time, per peer review. During this time, reportedly the patient applied for a social security disability. In February 2005, the patient was approved for Health and Behavioral Intervention (HBI). She completed a total of 19 sessions to date. It was reported that patient made some progress with these sessions, but when she found out that the chronic pain program was being denied, she reportedly had some decompensation. Of note, during this time, reportedly the patient suffered a cardiac infarction and was involved in cardiac rehabilitation as well.

The treating physician is requesting chronic pain management program to functionally restore this patient in order to return to work and to eliminate the patient's opioid intake. After reviewing this limited amount of data, the requesting provider has not provided a medical justification for the requested level of treatment. This claimant complained of subjective pain; however, clinical examinations, imaging studies, and electrodiagnostic tests have all shown no objective neurological abnormalities. There have been no findings that would indicate the presence of pain condition so impairing that referral for comprehensive pain management program would be

medically necessary. This patient has received more than a generous amount of psychological therapy. Furthermore, the patient is currently seeing a psychiatrist (Dr. Webber) for her psychosocial issues.

The request for chronic pain management program, almost a year after (HBI) sessions will not serve to further promote recovery or enhance ability of this patient to return to work. The patient's opioid medications can be titrated over a six to eight week period, without the need for comprehensive chronic pain program. Formally, the relations to pain management and control of diagnosed emotional and behavioral sequelae of the pain problem were not empirically supportable. This focus is specifically proscribed in this type of patient because such strategy "may reinforce psychological, environmental, and psychosocial factors" that promotes "chronic pain states."

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

1. ACOEM Guidelines, 2nd Edition, Chapter 6.
2. National Clearing House Guidelines: Guidelines for the Evaluation and Treatment of Injured Workers with Psychiatric Conditions (2004).
3. Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients; an evidenced-based approach, Sanders S.H. 1999, January 1; 13: 47 through 58.

**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 day of August 9, 2006.

Signature of IRO Employee:

A handwritten signature in blue ink that reads "L. Strang". The signature is written in a cursive style with a long horizontal flourish at the end.

Printed Name of IRO Employee      Lee-Anne Strang