



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-1495-01
Social Security #: XXX-XX-_____
Treating Provider: Ryan Potter, MD
Review: Chart
State: TX
Date Completed: 7/25/06, 7/26/06

Review Data:

- **Notification of IRO Assignment dated 6/9/06, 1 page.**
- **Receipt of Request dated 6/9/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/26/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letter dated 4/27/06, 1/31/06, 6 pages.**
- **Request for Medical Dispute Resolution dated 6/13/06, 2 pages.**
- **Questionnaire (date unspecified), 1 page.**
- **Initial Interview dated 4/4/06, 9 pages.**
- **Fax Cover Sheet dated 5/5/06, 1 page.**
- **Independent Medical Evaluation dated 3/23/05, 7 pages.**
- **Office Visit dated 4/4/06, 1 page.**
- **History and Physical dated 3/7/06, 2/15/06, 1/12/06, 6 pages.**
- **Plan of Care dated 1/11/06, 2 pages.**
- **Addendum dated 1/12/06, 12/16/05, 2 pages.**
- **Notification of an Independent Review Organization Assignment Ordered by DWC dated 6/12/06, 1 page.**
- **Physician Advisory Vendor Status dated 5/8/06, 2 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 - 15 sessions of chronic pain management.
UPHELD - 15 sessions of chronic pain management.

Rationale:

Patient's age: 51 years
Gender: Female
Date of Injury: _____

Mechanism of Injury: While pushing a wheelbarrow, it started to tip over and she pulled on the handles to stop it.

Diagnoses:

1. Postlaminectomy syndrome, thoracic spine.
2. Chest wall pain, status post thoracotomy.
3. Back pain, lumbar.
4. Chronic pain behavior (depression/anxiety).

Subsequent to the lifting injury in ____, this patient underwent conservative treatment for the following six weeks, consisting of adjustments, massage, physical therapy, and medication management. The patient was found to have a bad thoracic spine sprain and was returned to work. Due to continued pain complaints, the patient was taken off work. Thoracic spine plain X-rays were taken which revealed diffuse spondylosis. In April 1992, a bone scan was performed, which was negative. The patient was returned to work, again with medication management, but continued to complain of thoracic spine pain.

A thoracic MRI was performed in 1993, which reportedly noted a T9 through T12 herniation, with nerve impingement. On February 9, 1995, Dr. John Regan performed a fluoroscopic discectomy at T10-T11, with hemi-corpectomy at T10-T11. Unfortunately, the patient continued with worsening thoracic pain, and a series of thoracic epidural steroid injections were provided, which were reported as not helpful. This patient underwent a thoracic discogram, performed in October 1998, which revealed at the T11-T12 disk with extravasation and concordant pain.

In January 1996, Dr. Nedry performed a left thoracotomy with excision of disks at T9-T10, T10-T11, and T11-T12 with an anterior fusion from T9 through T12 levels. Doing this procedure, the patient had the 10th rib on the left side removed. Subsequent follow-up thoracic MRIs from November 1996 through November 2003, reportedly showed diffuse thoracic spine degenerative changes, with a small herniated nucleus pulposus at T9-T10 level, with osteophytes at T10-T11. Of note, on April 17, 2004, the patient had a repair of a chest wall hernia and diaphragmatic hernia. With the above surgical procedures, this patient underwent rehabilitation, physical therapy, activity restriction, and individual psychotherapy sessions/counseling.

Current subjective complaints consist of pain that extends from the lower thoracic spine to the upper lumbar spine, along the left side of the posterior thorax, which radiated proximally and distally. The patient rated her pain on a visual analog scale (VAS) of 6/10. The patient noted the quality of her pain as constant, burning, tingling, aching, sharp, and pressure. Present medication management consists of MS Contin 60 mg q.i.d., Soma 350 mg b.i.d., Xanax 0.25 mg t.i.d., and Ambien CR 12.5 mg p.o. q.h.s. p.r.n. insomnia, Naprosyn EC 500 mg b.i.d., Prozac 40 mg q.d., and Provigil 2/200 mg q.a.m.; all of which provided this patient with minimal and short lasting pain relief.

From the nurse case manager's submitted letter, this patient had a strong desire to return to work and actually had held odd jobs over the past years since the injury. Accordingly, from the Independent Medical Evaluation (IME) report, this patient has had difficulties holding on to a job, secondary to current psychosocial issues, and from the daily effects of her medications. Recently, this patient has been working with a psychologist and requested her provider to

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decrease her medications, unfortunately without success. Currently, this patient is attempting to work part-time. In spite of multi-modality conservative treatment, surgical intervention, and postoperative rehabilitation, this patient continued to experience severe bouts of thoracic pain. She also suffers from significant anxiety (BAI 36) and showed clinical features of reactive depression (BDI 33) with global assessment of functioning (GAF) of 55, mood disorder, and adjustment disorder that she remains unable to cope with the pain and disability. The patient is barely able to function, with difficulties keeping a job, unable to deal with stress, has insomnia, and remained unable to perform activities of daily living (ADL) without discomfort.

The psychologist, independent medical examiner, and nurse case manager, all are requesting a comprehensive pain management program in order to provide this patient with functional restoration so that she can return to a gainful suitable occupation. This patient is an appropriate candidate for a chronic pain management program for the following reasons:

1. Failure of surgical intervention.
2. Failure of multi-modality conservative treatment.
3. Significant dependency on medications including narcotics, anxiolytics, and muscle relaxants.
4. Inability to maintain activities of daily living.
5. Inability to pursue occupational abilities.
6. Significant anxiety and depression with inability to deal with the chronic pain.

These issues will require all appropriate measures to include psychological counseling, physical therapy, and medication management, which will allow the requesting provider to minimize or test the patient's dependence on narcotics and her daily medications in order to help facilitate this patient expressed desire to resume gainful employment. A modification of the submitted request to approve only 15 sessions of chronic pain management program is therefore recommended.

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

1. ACOEM Guidelines, 2nd Edition, Chapter 6.
2. Pain management textbook, Pain Medicine: A Comprehensive Review, 2nd Edition, Chapter 11, edited by P. Prithvi Raj, M.D.
3. Article entitled "Co-Existing Psychological Factors" by authors Peleg, et al., in Practical Pain Management September/October 2004, Volume IV, Issue 5.

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.

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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 25th day of July, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang
Senior PRN Supervisor
CompPartners

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