



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1846-01
Social Security #: XXX-XX----
Treating Provider: Ernest Roman, MD
Review: Chart
State: TX
Date Completed: 9/7/06

Review Data:

- **Notification of IRO Assignment dated 8/16/06, 1 page.**
- **Receipt of Request dated 8/16/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/1/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letter dated 7/3/06, 6/15/06, 5/25/06, 7 pages.**
- **Email dated 6/26/06, 6/15/06, 2 pages.**
- **Pre-Authorization Request dated 6/23/06, 6/9/06, 2 pages.**
- **Letter to Reviewer dated 6/6/06, 11 pages.**
- **Prescription dated 5/22/06, 1 page.**
- **Article (date unspecified), 4 pages.**
- **Pre-Authorization Advisor Form dated 6/27/06, 6/26/06, 2 pages.**
- **Letter of Appeal dated 7/10/06, 6/22/06, 16 pages.**
- **Nerve Root Block dated 3/24/04, 1 page.**
- **Epidurogram dated 3/24/04, 1 page.**
- **Epidural Block dated 3/24/04, 1 page.**
- **Evaluation dated 5/15/06, 2 pages.**
- **Progress Notes (date unspecified), 1 page.**
- **Examination dated 3/14/06, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 20-day pain management program (160 hours).

Determination: **UPHELD** - the previously denied request for 20-day pain management program (160 hours).

Rationale:**Patient's age:** 53 years**Gender:** Male**Date of Injury:** ---**Mechanism of Injury:** Slip and fall.**Diagnoses:**

1. Status post lumbar fusion.
2. Status post hardware removal.
3. Failed back syndrome.
4. Chronic pain with psychosocial issues.

This injury occurred 12 years ago. Following this claimant's accepted work injury involving the lumbar spine, he was found to have several lumbar disk herniations, based upon diagnostic imaging studies including MRIs, CT scans, electromyograms (EMGs), discograms, and myelograms. After an initial period of conservative treatment, the patient eventually required a surgical intervention in the form of a lumbar fusion in 1994. This was followed by several months of post-surgical physical therapy. Due to continued low back pain complaints, the patient underwent interventional pain management procedures consisting of epidural steroid injections, with continued unsustainable pain relief. This patient was referred back to the surgeon and the decision was made to remove the hardware from his fusion. Unfortunately, the pain continued, and the patient was sent to a pain management program in 1996 for approximately 14 sessions. From 1996 to 2005, the patient underwent multiple interventional pain management injections, which reportedly worked for approximately six to eight months. Currently, this patient rated his low back pain on a VAS score of 9/10, with medications. The claimant described his pain as a constant throbbing, burning, and tingling, with radiation into lower extremities. Aggravating factors included walking, standing, and sitting for extended periods of time. Medications consist of hydrocodone 7.5 mg q.i.d., Soma 350 mg t.i.d., Ambien 10 mg q.h.s., and Lexapro 20 mg q.d. Psychosocial testing from June 6, 2006, revealed a Beck Anxiety Inventory (BAI) of 11/63 and a Beck Depression Inventory (BDI) of 19/63. After 12 years of this claimant's work-related injury, the requesting provider has determined a medical necessity to place this patient in a chronic pain management program in order to decrease his pain without medications and to complete his return to work. Reportedly, this patient has had several attempts at lower levels of care with no positive results; pain levels have increased, with an associated increase in the use of medications, and activities of daily living (ADL) had been reduced by 60%. From the information presented to this reviewer, the request for chronic pain management program (20 sessions) has been denied because:

1. The patient may have exhausted all surgical procedures for his problem, but has not exhausted all pain management interventional procedures. This patient does have the right to medical care that is reasonable and necessary for improvement of his functional capacity, but a chronic pain management program at this time, approximately 12 years of post injury, is not likely to produce a substantial improvement in the patient's pain symptoms in order to return to work.
2. The main purpose of these programs is to return the patient back to work. This success is reduced drastically after one year and this injury is 12 years old. There is no peer review literature to support programs for these older injuries.

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3. The attending physician may wish to try a spinal cord stimulator or a pain pump as other interventions for his care.

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

1. Influence of an outpatient multidisciplinary pain management program on the health-related quality of life and physical fitness of chronic pain patients (records supplied by publisher) (2004) March 17;3 (1): 1 (ISSN: 1477 through 5751), authors Joos B., Uebelhart D., Sprott H.
2. American College of Occupational Environmental Medicine Guidelines, Chapter 6.
3. ACOEM Guidelines, 2nd Edition, Chapters 5 and 6.

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 September 7, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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