



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1871-01
Social Security #: XXX-XX-
Treating Provider: Timothy Lambert, DC
Review: Chart
State: TX
Date Completed: 9/21/06

Review Data:

- Notification of IRO Assignment dated 8/18/06, 1 page.
- Receipt of Request dated 8/18/06, 1 page.
- Medical Dispute Resolution Request/Response dated 7/31/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Case Review dated 7/26/06, 7/19/06, 2 pages.
- Fax Cover Sheet dated 8/16/06, 7/26/06, 7/19/06, 3 pages.
- Letter dated 8/24/06, 3/12/06, 8 pages.
- Notice of Referral to Physician Advisor dated 7/25/06, 1 page.
- Authorization Request dated 7/25/06, 1 page.
- Office Visit dated 7/21/06, 7/11/06, 7/10/06, 6/30/06, 6/29/06, 6/28/06, 4/20/06, 2/27/06, 2/6/06, 1/16/06, 1/5/06, 1/4/06, 12/30/05, 12/28/05, 12/27/05, 12/19/05, 12/14/05, 12/12/05, 12/9/05, 12/8/05, 12/5/05, 12/2/05, 11/30/05, 11/28/05, 11/27/05, 11/22/05, 11/21/05, 11/18/05, 11/17/05, 11/9/05, 10/24/05, 10/13/05, 9/27/05, 9/19/05, 9/16/05, 9/14/05, 9/12/05, 9/9/05, 9/7/05, 9/6/05, 8/31/05, 8/29/05, 39 pages.
- Narrative Summary (date unspecified), 16 pages.
- Questionnaire dated 7/21/06, 10 pages.
- Memo dated 7/20/06, 1 page.
- Pain Intensity Rating dated 7/19/06, 7/18/06, 7/14/06, 7/13/06, 7/12/06, 7/11/06, 7/10/06, 6/30/06, 6/29/06, 6/28/06, 6/26/06, 6/22/06, 12 pages.
- Examination dated 7/22/06, 7/18/06, 2 pages.
- Treatment Planning Note dated 7/13/06, 1 page.
- Daily Visit dated 7/19/06, 7/18/06, 7/14/06, 6/29/06, 6/28/06, 6/26/06, 6/23/06, 6/22/06, 11 pages.
- Inventory dated 6/26/06, 2 pages.
- Progress Notes dated 6/26/06, 6/23/06, 5/18/06, 3 pages.
- Physical Examination dated 5/18/06, 1 page.
- Final Report dated 4/22/06, 1 page.
- Consultation dated 4/20/06, 3 pages.
- Functional Capacity Evaluation dated 1/19/06, 6 pages.

- **Evaluation dated 8/26/05, 2 pages.**
- **Organization Fee dated 8/30/06, 1 page.**
- **Follow-up dated 1/6/06, 12/21/05, 11 pages.**
- **Screen Shot (date unspecified), 29 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for pre-authorization for 10 days of chronic pain management.

Determination: UPHELD - Previously denied request for pre-authorization for 10 days of chronic pain management.

Rationale:

Patient's age: 49 years

Gender: Female

Date of Injury: ---

Mechanism of Injury: Her back was twisted by a heavy patient who then fell on top of her as she fell.

Diagnoses: Probable chronic left sacroiliac joint pain; chronic pain syndrome.

This is a 49-year-old female patient who is 5'7" tall and weighs 190 pounds. She claimed a work related injury on ---. The MRI of the lumbar spine on 12/20/05 revealed L3-4 mild degeneration with moderate-to-advanced degenerative disc disease. At L5-S1, there was an arachnoid cyst in the sacral canal. The functional capacity evaluation (FCE) performed on 1/19/06 revealed that she could function at a sedentary level. Her chiropractor felt that she should continue to work with DARS to be retrained in another line of work and that she was not able to return to her other position. The patient has had medications, physical therapy, chiropractic treatments, and completed 10 sessions of pain management program. Reportedly, she had a break during the 10 sessions to work at fireworks stand to pay for her electricity bill. She did not inform the pain management program personnel that she was going to do this before the program began. A previous peer review of this case regarding the request for 10 additional pain management sessions denied this request, stating that she "did not make program participating sufficiently important and therefore it is unlikely that she will benefit from further treatment in the program." The claimant had been evaluated by an independent medical examination on 3/12/06 by Robert G. Winans, M.D., an orthopedic surgeon. His report indicated that epidural steroid injections had been recommended, but not performed. There were medial branch blocks performed to the left L4 to S3 regions that only helped minimally. Her symptoms on that date were of left low back discomfort, and she indicated that the left sacroiliac area radiated along the left side of the pelvis towards the anterior iliac crest area. The report further indicated that Dr. Prasad (no specialty indicated), her treating doctor at the time, had indicated on 5/16/05 that she was at maximum medical improvement with a 5-percent impairment rating. On examination, the range of motion of the lumbar spine was essentially normal limits. Gait was normal. Straight leg raising was to 80 degrees and stressing of the left sacroiliac joint caused pain in the area that she felt was the main complaint. Waddell's testing was negative. Sensation and muscle strength was normal. The diagnosis was chronic left sacroiliac joint pain. A bone scan was recommended, along with home exercises and non-steroidal anti-inflammatories. No narcotic medications were necessary. The

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appeal letter from the chronic pain management program by Timothy C. Lambert, D.C., dated 7/20/06, indicated that the claimant actually was not provided the last 10 sessions of the program because she missed a week of the program after working a few days, which aggravated her condition, and missed the rest of the week due to increased pain. He opined that, "She is not able to return to productive society as evidenced by her most recent failed attempt to work a sedentary to light duty position" selling fireworks to pay her bills. Her Oswestry continued to be high at 57/100 on 7/21/06. When compared to the 1/26/06 score of 56/100, this was evidence of worsening with the program, not improvement. Her Roland Morris score were still high at 16/24, with a score greater than 13 associated with poor recovery. It should be noted that the score on 1/6/06 was 15/24, indicating worsening with the pain management program. She scored 19 on the BDI-II and on the BAI for depression and anxiety respectively. The actual daily pain management program patient questionnaire notes indicated that the program started on 6/22/06 with pain of 5/10 and that she also attended on 6/23/06, 6/26/06, 6/28/06 with pain of 7/10, 6/29/06 with pain of 5/10, 6/30/06 with pain of 8/10, 7/10/06 with pain of 6/10, 7/11/06 with pain of 5/10, 7/12/06 with pain of 7/10, 7/14/06 with pain of 5/10, 7/18/06 with pain of 6/10, and on 7/19/06 with pain of 5/10. The current request is to determine the medical necessity for the previously denied 10 additional chronic pain management program visits. The medical necessity for these additional 10 pain management visits is not found. Normally, when a patient participates in a trial of pain management program, such as the initial 10 visits that were allowed, the documentation should reflect improvements from the onset of the program before more visits can be found appropriate. This claimant has not had documented improvements in the 10 initial sessions of pain management program as Dr. Lambert indicated. When careful review is made of her disability questionnaire scores from 1/26/06 to 7/21/06, she had actually become worse, not better. Additionally, not only were her scores higher than before she started the program, but her pain scale questionnaires from at least 1/26/06 was 5/10, 7/10 on 6/28/06 and 8/10 on 6/30/06. Then after she worked at the fireworks stand, her pain was 6/10 on 7/10/06 and waxed and waned from 6/10 to 5/10 up to 7/19/06 and was 6/10 on 7/21/06. There was no evidence of significant lasting benefits from these initial 10 pain management program visits and, therefore, no medical necessity can be found. She was found to be capable of a sedentary work demand level and had been afforded retraining in a new position to accommodate her work demand level of sedentary. She was also afforded a trial of pain management program that did not result in reduction of her testing findings or pain scale ratings and, therefore, these additional sessions are not expected to cure, relieve, promote recovery or enhance the ability of the injured worker to return to or retain employment. The Official Disability Guidelines regarding chronic pain management programs specifically indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Based upon all of the foregoing, it is the opinion of this reviewer that the previous denial of this requested intervention be upheld.

Criteria/Guidelines utilized: Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) 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. Official Disability Guidelines, 11th edition regarding chronic pain management programs. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made. (2) Previous methods of

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treating the chronic pain have been unsuccessful. (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. (4) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed D.C., 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 21, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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