CompPartners Final Report

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

Claimant Name: ___
Texas IRO #: ___
MDR #: M2-07-0026-01
Social Security #: ___
Treating Provider: Jorge Tijmes, MD
Review: Chart
State: TX
Date Completed: 12/1/06

Review Data:

- **Notification of IRO Assignment dated 9/21/06, 1 page.**
- **Receipt of Request dated 9/21/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/30/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Correspondence dated 8/2/06, 7/12/06, 2 pages.**
- **Appeal Request dated 7/25/06, 4 pages.**
- **Letter dated 9/28/06, 6/2/06, 9/22/03, 12 pages.**
- **Invoice dated 9/22/06, 1 page.**
- **Workers Compensation First Report of Injury or Illness dated 10/15/02, 1 page.**
- **Payment of Compensation or Notice or Refused/Disputed Claim dated 7/31/03, 4/8/03, 2 pages.**
- **Lumbar Spine MRI dated 11/19/02, 1 page.**
- **Lumbar CT Scan dated 11/5/04, 9/26/03, 3 pages.**
- **Brain MRI dated 10/13/03, 1 page.**
- **Cervical Spine MRI dated 12/11/03, 1 page.**
- **Initial Consultation dated 12/5/02, 3 pages.**
- **Operative Report dated 11/25/05, 9/2/05, 6/11/04, 1/18/03, 12 pages.**
- **Consent dated 1/18/03, 2 pages.**
- **Pre-Operative Assessment dated 1/18/03, 1 page.**
- **Intra-Operative Monitoring and Conscious Sedation dated 1/18/03, 1 page.**
- **Images (date unspecified), 3 pages.**
- **Post-Operative Monitoring dated 1/18/03, 1 page.**
- **Rhythm Strips and Trends dated 1/18/03, 1 page.**
- **Broken Appointment dated 2/27/03, 2/17/03, 2 pages.**
- **Return Visit dated 6/5/03, 3 pages.**
- **Electroneuromyography Report dated 1/17/03, 2 pages.**
- **Prescription dated 1/28/03, 1 page.**
- **Initial Evaluation dated 3/8/06, 9/22/04, 3/27/03, 2/3/03, 10 pages.**

- **Progress Note dated 4/1/03, 3/31/03, 3/28/03, 3/27/03, 2/20/03, 2/19/03, 2/17/03, 2/14/03, 2/12/03, 2/10/03, 2/6/03, 2/4/03, 2/3/03, 4 pages.**
- **Interim Evaluation dated 2/3/06, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 10/27/03, 10/13/03, 9/22/03, 8/29/03, 7/30/03, 7/28/03, 7/8/03, 7/1/03, 6/17/03, 5/30/03, 5/23/03, 5/1/03, 4/10/03, 3/28/03, 3/14/03, 2/28/03,2/13/03, 1/28/03, 1/10/03, 12/27/02, 12/10/02, 12/3/02, 11/22/02, 11/2/02, 10/30/02, 10/22/02, 10/15/02, 48 pages.**
- **Office Visits (date unspecified), 2pages**
- **Daily Progress Note dated 12/9/04, 12/8/04, 12/7/04, 12/3/04, 12/2/04, 12/1/04, 11/24/04, 11/22/04, 11/18/04, 11/17/04, 11/16/04, 10/15/04, 10/14/04, 10/12/04, 10/7/04, 10/6/04, 10/1/04, 9/30/04, 9/28/04, 9/23/04, 9/5/04, 2/26/04, 2/24/04, 2/23/04, 2/19/04, 2/17/04, 2/10/04, 2/8/04, 2/6/04, 1/8/04, 1/6/04, 1/5/04, 1/2/04, 12/31/03, 12/30/03, 12/19/03, 12/18/03, 36 pages.**
- **Specific and Subsequent Medical Report dated 6/23/06, 4/14/06, 3/14/06, 12/9/05, 11/25/05, 11/15/05, 11/4/05, 9/23/05, 8/25/05, 8/11/05, 7/14/05, 6/16/05, 5/6/05, 4/8/05, 3/10/05, 2/10/05, 1/13/05, 12/9/04, 11/11/04, 10/15/04, 9/21/04, 8/24/04, 7/20/04, 6/29/04, 6/8/04, 2/26/04, 1/6/04, 12/4/03, 11/6/03, 10/9/03, 60 pages.**
- **ELC Lift Capacity Test Graphs (date unspecified), 2 pages.**
- **Report of Medical Evaluation dated 11/19/04, 10/15/04, 6/17/03, 11 pages.**
- **Statutory Maximum Medical Improvement dated 10/15/04, 3 pages.**
- **Re-evaluation Note (date unspecified), 2 pages.**
- **Weekly Rehabilitation Note (date unspecified), 8 pages.**
- **Comprehensive Functional Capacity Evaluation dated 4/21/06, 4/26/05, 3/18/05, 12/17/04, 67 pages.**
- **Medical Conference dated 7/18/03, 6/3/03, 2 pages.**
- **History and Physical dated 6/8/04, 7/30/03, 5 pages.**
- **Out Patient Requisition dated 7/30/03, 1 page.**
- **Orthopedic Visit dated 9/17/03, 3 pages.**
- **Evaluation Note dated 8/5/04, 12/16/03, 5 pages.**
- **Electroencephalogram Report dated 9/25/03, 1 page.**
- **Clinical Note dated 10/27/03, 10/13/03, 2 pages.**
- **Mental Health Assessment dated 1/24/05, 6 pages.**
- **Medical Management Notes dated 2/10/05, 1 page.**
- **Behavioral Assessment dated 2/10/05, 9 pages.**
- **Work Hardening Progress Note dated 4/20/05, 3/9/05, 2/16/05, 2 pages.**
- **Individual Progress Notes dated 4/28/05, 3/24/05, 3/18/05, 4 pages.**
- **Group Progress Note dated 6/29/05, 6/28/05, 6/24/05, 6/22/05, 6/9/05, 6/8/05, 6/7/05, 6/6/05, 6/3/05, 6/2/05, 5/31/05, 5/27/05, 5/18/05, 5/17/05, 5/12/05, 5/10/05, 5/6/05, 5/5/05, 5/4/05, 5/3/05, 4/28/05, 4/26/05, 91 pages.**
- **Examination Notes dated 6/29/05, 6/28/05, 6/24/05, 6/22/05, 6/9/05, 6/8/05, 6/7/05, 6/6/05, 6/3/05, 6/2/05, 5/31/05, 5/27/05, 5/18/05, 5/17/05, 5/12/05, 5/10/05, 5/6/05, 5/5/05, 5/4/05, 5/3/05, 4/28/05, 4/26/05, 62 pages.**
- **Treatment Plan Review dated 5/12/05, 8 pages.**
- **Discharge Summary dated 10/5/05, 3 pages.**
- **Letter of Clarification dated 1/15/05, 1 page.**
- **Case Review dated 12/2/04, 5 pages.**

- **Re-examination dated 2/18/05, 4 pages.**
- **Letter of Medical Necessity dated 4/14/06, 2/21/06, 8/11/05, 1/17/05, 7 pages.**
- **Chest X-ray dated 8/31/05, 2 pages.**
- **Physician Order Sheet dated 11/27/05, 11/26/05, 11/25/05, 4 pages.**
- **Stop Order Notices dated 11/25/05, 1 page.**
- **ECG Chart dated 11/25/05, 2 pages.**
- **Laboratory Report dated 11/25/05, 9 pages.**
- **Surgical Pathology Report dated 9/2/05, 1 page.**
- **Daily Rehabilitation Note dated 5/31/06, 5/30/06, 5/25/06, 5/24/06, 5/22/06, 5/17/06, 5/16/06, 5/15/06, 5/11/06, 5/10/06, 10 pages.**
- **Interdisciplinary Pain Rehabilitation Program dated 7/7/06, 7/6/06, 6/30/06, 6/27/06, 5 pages.**
- **Chronic Pain Program dated 7/6/06, 6/29/06, 2 pages.**
- **Mental and Behavioral Health Consultation and Progress Note dated 7/6/06, 6/29/06, 2 pages.**
- **Psychology Progress Note dated 7/7/06, 7/6/06, 6/30/06, 6/29/06, 10 pages.**
- **Response to Treatment dated 6/30/06, 1 page.**
- **Weekly Summary dated 7/7/06, 6/30/06, 8 pages.**

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

Determination: UPHELD - the previously denied request for 10 sessions of chronic pain management.

Rationale:

Patient's age: 33 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Fell from a stool, landed on her tailbone and struck the back of her head against a shelf.

Diagnoses:

1. Status post lumbar laminectomy/diskectomy/decompression at L4-L5 level and a lumbar laminectomy/diskectomy at L5-S1 level, with fusion at L4, L5, and S1 (June 11, 2004).
2. Status post removal of internal fixation, exploration of lumbar fusion and application of allograft and artificial bone at L4-L5 though L5-S1 levels (November 27, 2005).
3. Chronic pain behavior, anxiety/depression.

A review of the extensive information submitted indicated that the patient was evaluated after the injury and found to have lumbar pathology at the L4-L5 and L5-S1 level based upon the lumbar MRI report of November 19, 2002. Following this, the patient had nerve conductions studies and electrodiagnostic studies, which revealed evidence of a mild lumbar radiculopathy. An initial period of conservative treatment consisting of an extensive amount of physical therapy, lumbar epidural steroid injections, and medication management, resulted in no significant pain improvement in the patient's symptoms. The patient eventually required a surgical intervention in the form of laminectomy and decompression with fusion at L4-L5 and L5-S1 levels on

June 11, 2004. The patient completed postoperative rehabilitation which included deep tissue massage, electrical stimulation, hot packs, stretching, and conditional exercises from September 22, 2004 through October 15, 2004.

Reportedly, on October 15, 2004, the patient had reached statutory maximum medical improvement (MMI) and was given a whole-person impairment rating of 25%. Following this, on November 19, 2004, the claimant attended a designated doctor's evaluation with J. Thomas Dilger, M.D., who was unable to perform lumbar range of motion testing, squatting, or evaluate Waddle signs due to the fact that the claimant's fusion had not healed yet. He related that the claimant had 26% impairment rating and recommended that she seek help for her depression. Of note, a peer review performed on December 2, 2004, by Michael Goldman, D.O., did not agree with a 26% impairment rating and decreased it to 15% whole-person impairment. In addition, Dr. Goldman commented that the claimant does not need any further physical therapy, interventional pain management procedures, interdisciplinary pain management program, spinal cord stimulator, or intrathecal pumps. He recommended medical management with home exercises and continuation of the patient's current medication profile of Soma, Celebrex, and Ultracet.

On February 18, 2005, the claimant was evaluated by Charles Kennedy, Jr., M.D. who opined that the patient needed a work conditioning program, not a work hardening program, as she had been laid off her job. At the end of this program, he recommended that the patient undergo a functional capacity evaluation (FCE) to determine what type of work she could do and then go to the**TRC**. Reportedly, he commented that the claimant has had an excessive amount of treatment and no further medical treatment was necessary but recommended an active home exercise program and continuation of over-the-counter anti-inflammatory medications. Of note, following this, the patient began a work hardening program from February 7, 2005 through March 11, 2005. In addition, this patient began a pain and stress management program on April 28, 2005, and attended subsequent sessions from May 3, 2005 through June 29, 2005.

Subsequent to continued complaints of low back and radicular symptoms, among the above behavioral and cognitive therapy treatments, the patient underwent removal of the lumbar spine instrumentation, with exploration of the lumbar fusion and application of allograft and artificial bone at the L4-L5 and L5-S1 levels performed on November 27, 2005. Reportedly, the submitted note of December 9, 2005, from the requesting provider stated that the patient's pain was decreased with medications, and he prescribed a TENS unit. Following this, reportedly, the patient began a rehabilitation program on March 8, 2006, at Southern Bone and Joint Center, which included modalities such as deep tissue massage, electrical stimulation, hot packs, and passive and active stretching. The claimant attended 10 sessions through March 30, 2006, which reportedly, the claimant stated, increased her daily living activity and improved her attitude. Finally, the patient completed 10 sessions of chronic pain management program in June 2006. Noted was that the patient's Beck Anxiety and Depression levels following the 10 sessions had increased with only a mild decrease in pain level going from 4.5/10 to 4/10. In addition, reportedly, there was no documentation of any objective improvement in physical activity which continued at low/moderate activity level (unchanged from her baseline).

After reviewing the information submitted for review, it is this reviewer's recommendation that the preauthorization denial for an additional 10 sessions of chronic pain management be upheld. The main purpose of these programs is to return the patient back to work. Also, to wean off

sedative medications, so they can return to some form of vocation. The success is reduced drastically after one year and this injury was six years old. There is no peer review literature to support programs for these older injuries. In addition, objective psychological evaluation following the first 10 sessions of chronic pain management program does not provide or suggest that the patient had any sustained benefit from the currently requested treatment. Finally, based on the documentation provided, there was no information to indicate that this patient will achieve a more favorable response from the currently requested services; therefore, the request is not medically reasonable or necessary.

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

1. American College of Occupational and Environmental Medicine Guidelines, Chapters 5 and 6.
2. Behavioral Treatment for Chronic Low Back Pain: A Systematic Review Within the Framework the Cochrane Back Review Group, Spine 2001, February 1; 26(3); 270 through 281 (ISSN: 0362-2436) authored by Tulder M.W.; Ostelo R.; Vlaeyen J.W.; Linton S.J.

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 December 1, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

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