



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0140-01
Social Security #: _____
Treating Provider: Erwin Cruz, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 10/11/05, 1 page.
- Receipt of Medical Dispute Resolution Request dated 10/11/05, 1 page.
- Medical Dispute Resolution Request/Response dated 9/29/05, 1 page.
- Table of Disputed Services Form, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Receipt of Medical Dispute Resolution Request dated 10/5/05, 1 page.
- Neurologic Consultation Report dated 3/22/05, 2 pages.
- Follow-up Visit Notes dated 6/1/05, 5/12/05, 2 pages.
- Ergos Evaluation Summary Report dated 6/1/05, 1 page.
- Initial Behavioral Medicine Consultation dated 6/13/05, 7 pages.
- Follow-up Visit Note dated 6/29/05, 1 page.
- Procedure Note dated 7/14/05, 1 page.
- History and Physical Report dated 7/19/05, 2 pages.
- Patient Face Sheet, 1 page.
- Prescription Authorization Request dated 7/28/05, 1 page.
- Individual Psychotherapy Note dated 7/29/05, 2 pages.
- SOAP Note dated 8/1/05, 1 page.
- Prescription dated 8/2/05, 1 page.
- Individual Psychotherapy Note dated 8/10/05, 8/5/05, 4 pages.
- Functional Abilities Evaluation Report dated 8/19/05, 3 pages.
- Oswestry Low Back Pain Disability Questionnaire dated 8/19/05, 1 page.
- McGill Pain Questionnaire dated 8/19/05, 1 page.
- Dallas Pain Questionnaire dated 8/19/05, 3 pages.
- Chronic Pain Management Interdisciplinary Plan and Goals of Treatment dated 8/19/05, 5 pages.

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
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- Physical Therapy Evaluation and Treatment Plan dated 8/19/05, 4 pages.
- Individual Psychotherapy Note dated 8/19/05, 2 pages.
- SOAP Note dated 8/23/05, 1 page.
- Chronic Pain Management Program Preauthorization Request dated 8/29/05, 1 page.
- Request for 20-Day Trial of Chronic Management Program dated 8/29/05, 4 pages.
- Fax Cover Sheet dated 8/30/05, 1 page.
- Interdisciplinary Pain Treatment Components Form, 1 page.
- Chronic Pain Management Program Design, 1 page.
- CPMP Day Treatment Design, 2 pages.
- Nurse Reviewer Notes dated 8/31/05, 1 page.
- Fax Cover Sheet dated 9/6/05, 1 page.
- Addendum to Request for 20-Day Trial of Chronic Management Program dated 9/6/05, 1 page.
- Peer Review Analysis dated 9/7/05, 3 pages.
- Letter dated 9/7/05, 2 pages.
- Fax Cover Sheet dated 9/8/05, 1 page.
- Chronic Pain Management Program Preauthorization Request dated 9/9/05, 1 page.
- Letter of Appeal dated 9/8/05, 2 pages.
- Peer Review Analysis dated 9/14/05, 3 pages.
- Letter dated 9/14/05, 2 pages.
- U.S. Postal Service Delivery Confirmation Receipt dated 9/23/05, 1 page.
- Chronic Pain Management Program Requestor's Position Regarding Pre-Authorization dated 9/23/05, 4 pages.
- Fax Cover Sheet dated 9/26/05, 1 page.
- Behavioral Health Individual Therapy Pre-Authorization Request dated 9/26/05, 1 page.
- Request for Behavioral Health Treatment dated 9/26/05, 3 pages.
- Request for Behavioral Health Treatment dated 9/26/05, 2 pages.
- Other Notification Confirmation Sheet dated 9/26/05, 2 pages.
- Case Event Summary dated 9/26/05, 2 pages.
- Correspondence dated 9/28/05, 2 pages.
- Correspondence dated 9/28/05, 2 pages.
- Correspondence dated 10/7/05, 1 page.
- U.S. Postal Service Delivery Confirmation Receipt dated 10/11/05, 1 page.
- Notice of Enclosed Records, 1 page.
- Invoice dated 10/11/05, 1 page.

Reason for Assignment by TDI-DWC: Determine the medical necessity for chronic pain management program times 20 sessions/days (160 hours).

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Determination: UPHELD- the previous denial of chronic pain management program times 20 sessions/days (160 hours).

Rationale:

Patient's age: 51

Gender: Male

Date of Injury: ____

Mechanism of Injury: While employed as a chief engineer, the patient was standing on a stairwell landing approximately 3 stories high, which collapsed. The patient fell on his buttocks incurring injuries to his lumbar spine, right hip, and right lower extremity.

Diagnoses: Working diagnoses of this patient consisted of lumbar radiculopathy, coccydynia, right hip contusion, and chronic pain behavior (severe depression/severe anxiety).

The patient was off work for three months without any type of physical therapy. He apparently was returned to work without restrictions. However, the patient reported ongoing weakness and episodes of loss of sensation to his lower extremities causing him to collapse on numerous occasions. The patient sought further medical care with Dr. Cruz, neurologist, who determined that the patient could not safely perform his job duties and took him off work. Treatment rendered to this patient included chiropractic care, physical therapy, lumbar epidural steroid injections, and medication management. The patient underwent a lumbar MRI, the date of which the reviewer does not have, only a clinical note dated 3/22/05 describing the results of which consisted of L2-3 and L4-5 disk desiccation with an annular tear at the right L4-5 foramen affecting the right L4 nerve root sleeve. Furthermore, there was desiccation at the L5-S1 level with 2-mm broad-based disk protrusion. There was also a clinical note describing, the patient's CT scan, the date of which the reviewer does not have, revealing pelvis and coccyx, which were normal. Of note, in this patient's treatment plan, there was no mention of orthopedic spine evaluation and/or neurosurgical evaluation or of the patient's continued compliance and diagnosis. There was no mention that this patient is either a candidate for surgery or if it has even been offered to him. The claimant, some time in June 2005, completed a 20-session work-hardening program with little progress toward the ability of this employee to return to work. Interference from psychological factors, i.e. severe depression and anxiety was cited as part of the problem to obtain physical objectives with work hardening. A request for individual psychotherapy sessions were granted, so that these factors could be addressed and focused. Unfortunately, there was no current improvement of the above depression and anxiety. Furthermore, the patient continued with low back pain graded at a VAS score of 9/10. Reviewing Dr. Cruz's S.O.A.P. note from August 1, 2005, the patient underwent a functional capacity evaluation (FCE) in which he reached light duty level only. The patient needs and/or requires medium level to return back to work. At this office visit, the claimant did not want to take any more medications, because he was suffering rectal bleeding. Dr. Cruz advised him not to take any more analgesic medications. The patient did not want any more interventional pain management procedures because he stated they did not help. Dr. Cruz stated that he would like the patient to see Dr. Benbow for spinal surgery evaluation. The patient was taking hydrocodone as needed

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(p.r.n.) and Flexeril as needed (p.r.n.) In addition, the patient's antidepressant medication, Zoloft 50 mg q. day was discontinued secondary to adverse side effects. There has been no documentation that another antidepressant has been substituted at the time of this review. The rationale for denial is the patient's psychological factors, i.e. depression and anxiety, which were addressed with individual psychotherapy sessions, revealed insufficient progression to advance this patient into a chronic pain management program. There is insufficient documentation from the medical provider of how and why a medical justification to proceed with a more intensive pain management program would improve this patient's return to work status. With the severity of this patient's depression and anxiety, there had been no additional pharmacological agents offered on behalf of this patient's chronic pain behavior. Of note, the patient was on one type of antidepressant, which he failed secondary to adverse effects and to date of this review there had been no further pursuit of an alternative noted. Individuals with high levels of depression/anxiety tend to have a poor outcome in response to attending a chronic pain management program per Workmen, et al (2002). Further clinical basis for denial is that the patient has not exhausted all pharmacological and surgical procedures pertaining to this one-year history of low back pain. Reviewing the information provided to the reviewer, the chronic pain program goals for this patient are not objective, functional, or measurable. There is no indication, how operate pain behaviors will be extinguished. There is no behavioral analysis of operate pain behaviors and how these impact the problem of return to work. There is no environmental analysis of these problems or how they will be addressed. This issue cannot be reconciled with the established guidelines (ACOEM Guidelines, 2003, Chapters 5 and 6, AAPM&R (Saunders et al, 1999, Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients, Vol. II. Evidence Based approach), CARF (2003), Interdisciplinary Pain Management Programs, Met. Rehab. Standards, Tucson, Arizona; American Pain Society (2000), Guidelines for Psychiatric and Psychological Evaluation of Injured or Chronically Disabled Workers, National Guidelines Clearinghouse, www.guidelines.gov).

Criteria/Guidelines utilized: ACOEM Guidelines, 2003, Chapters 5 and 6.
AAPM&R (Saunders et al, 1999, Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients, Vol. II. Evidence Based approach).
CARF (2003), Interdisciplinary Pain Management Programs, Met. Rehab. Standards, Tucson, Arizona.
American Pain Society (2000), Guidelines for Psychiatric and Psychological Evaluation of Injured or Chronically Disabled Workers, National Guidelines, Clearinghouse, www.guidelines.gov.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed M.D. and currently listed on the TWCC 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

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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.

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