



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0921-01
Social Security #: _____
Treating Provider: Michael Kilgore, MD
Review: Chart
State: TX
Date Completed: 4/14/06
Date Amended: 4/18/06

Review Data:

- **Notification of IRO Assignment dated 3/17/06, 1 page.**
- **Receipt of Request dated 3/17/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/17/05, 1 page**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Cover Sheet dated 3/27/06, 3/24/06, 2 pages.**
- **Carriers Statement dated 3/27/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 3/17/03, 1 page.**
- **Examination dated 3/15/03, 2 pages.**
- **Emergency Department Report dated 3/14/03, 5 pages.**
- **Case Review dated 1/18/06, 12/28/05, 7/19/05, 5 pages.**
- **Appeal Request dated 1/8/06, 3 pages.**
- **Chronic Pain Office Visits dated 10/27/05, 10/19/05, 10/12/05 10/5/05, 9/30/05, 9/21/05, 6 pages.**
- **Psychology Progress Note dated 10/27/05, 10/19/05, 10/12/05 10/5/05, 9/30/05, 9/21/05, 6 pages.**
- **Follow-up Visit dated 11/16/05, 3/22/05, 3/11/05, 1/18/05, 12/10/04, 6/11/03, 6 pages.**
- **Report of Medical Evaluation dated 9/1/04, 4 pages.**
- **Evaluation dated 10/27/05, 6/10/05, 6/9/05, 14 pages.**
- **Cervical Spine MRI dated 6/7/04, 1 page.**
- **Lumbar Spine MRI dated 5/5/03, 2 pages.**
- **Initial Assessment/ Physical Evaluation dated 4/23/03, 5 pages.**
- **Brain MRI dated 4/21/03, 1 page.**
- **Office Visit dated 2/27/04, 2 pages.**
- **Treatment Summary dated 3/14/03, 4 pages.**
- **Discharge Summary dated 10/27/05, 2 pages.**
- **Treatment Synopsis dated 12/15/05, 3 pages.**

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

Determination: UPHELD - previously denied request for a chronic behavioral pain management program, 10 sessions.

Rationale:

Patient's age: 40 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Fell 15 feet from a ladder, sustaining injuries to his right elbow, cervical, thoracic and lumbar spine.

Diagnoses: Lumbar and cervical discogenic pain.

On April 23, 2003, the claimant initially saw Ihsan Shanti, M.D. who diagnosed the patient with lumbar and cervical diskogenic pain and right elbow contusion. Conservative treatment consisting of physical therapy, medication management, and diagnostic testing was initiated. A lumbar MRI dated May 5, 2003, revealed 3-mm diskogenic pathology at both the L4-5 and L5-S1 levels, creating bilateral neuroforaminal narrowing at each level. A cervical MRI dated June 7, 2004 was negative. Electromyogram (EMG) and nerve conduction studies of the lower extremities reportedly were positive for mild radiculopathy. The claimant underwent interventional pain management procedures, with documented 50% relief of lumbar and lower extremity pain, unfortunately unsustainable. Current medication management consists of Mobic 60 mg once a day, Tizanidine 60 mg once a day, Tramadol 60 mg p.r.n., Zodol 100 mg q.4h., Skelaxin 100 mg t.i.d., and Durabac 100 mg b.i.d. Of note, the claimant's injury reportedly did not require surgical intervention.

A psychological evaluation revealed the claimant had a Beck's Anxiety Inventory (BAI) score of 25, which indicated severe anxiety, as well as a Beck's Depression Inventory (BDI) score of 49, which indicated severe depression. The psychological evaluation further revealed a pain level on the VAS score of 7/10, 100% of the time, the claimant had less than 4 hours of sleep each night and was experiencing severe daytime fatigue 100% of the day. The claimant underwent 20 sessions of individual psychotherapy, with no changes in the severe levels of depression and anxiety. Furthermore, there was no noted documentation of changes in sleep deprivation and pain levels. It was noted by peer review that the claimant had not been given a trial of psychotropic medications.

With the information presented to this reviewer, the request for chronic pain management program of 10 sessions is not certified because:

1. During the individual psychotherapy sessions, there was no duration of decrease in the levels of depression and anxiety noted. Furthermore, there was no documentation noting decrease in pain level scores and/or sleep deprivation.
2. The main purpose of chronic pain programs is to return a patient back to work. This success is reduced drastically after one year and this injury is three years old. There is no peer review literature to support programs for these older injuries.
3. The program goals for this patient are not objective, functional, or measurable. For example, there is no indication how upper pain behaviors will be extinguished. There is no behavioral

analysis of upper pain behaviors and how this impacts the problem of return to work. There is no environmental analysis of these problems or how they will be addressed.

Criteria/Guidelines utilized:

1. Influence of an Outpatient Multidisciplinary Pain Management Program on Health-Related Quality of Life and Physical Fitness of Chronic Pain Patients (records supplied by publisher) March 17, 2004; 3(1); ISSN: 1477-5751; editors, Uebelhart D.; Michel BA; Sprott H.
2. The American College of Occupational and Environmental Medicine Guidelines, Chapter 6.
3. Behavioral Treatment for Chronic Low Back Pain; A Systemic Review within the Framework of Cochrane Back Review Group; Spine, February 1, 2001; 26(3); 270-281 – ISSN 0362-2436.
4. AATNRR (Sandra et al. 1999, Clinical Practice Guidelines for Chronic Nonmalignant Pain Patients; Evidence-Based Approach., J. Back and Muscle Rehabilitation, Volume 13, pages 47-58.
5. Guidelines for Psychiatric and Psychological Evaluation of Injured or Chronically Disabled Workers, National Guideline Clearinghouse. www.guideline.gov.

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.