

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

STACEY STEEPLETON,  Claimant,  vs.  UNITYPOINT HEALTH - ST. LUKE'S,  Self-Insured Employer,  Defendant.	File No. 20004425.08      ALTERNATE CARE DECISION
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**I. STATEMENT OF THE CASE.**

On December 9, 2022, claimant Stacey Steepleton applied with the agency for alternate care under Iowa Code section 85.27 and rule 876 IAC 4.48 for alleged work injuries sustained on December 18, 2019 to the back. The defendant, self-insured employer UnityPoint Health - St. Luke's (UnityPoint), filed an answer accepting liability for the alleged work injury.

The undersigned presided over a hearing held by telephone and recorded on December 21, 2022. That recording constitutes the official record of the proceeding under agency rule 876 IAC 4.48(12). Steepleton through attorney Andrew M. Giller. The defendants participated through attorney Terri C. Davis. The record consists of:

- Claimant's Exhibits 1 through 2; and
- Defendants' Exhibits A through D.

**II. ISSUE.**

The issue under consideration is whether Lloyd is entitled to alternate care in the form of authorization of continuing care for pain management with Stanley J. Mathew, M.D.

**III. FINDINGS OF FACT.**

Steepleton has applied to the agency multiple times for alternate care relating to the work injury on December 18, 2019. Discussion of those disputes and the resulting agency action provide a backdrop useful in the understanding of the current dispute. The undersigned takes administrative notice of these prior proceedings and provides a brief summary of them below.

After an independent medical examination (IME) with John Kuhnlein, M.D., the parties agreed that Steepleton's care provider would be the University of Iowa Hospitals and Clinics (UIHC) and UnityPoint made arrangements for the transition. However,

there was a wait before Steepleton could have her first appointment, so she applied for alternate care seeking continued authorization of injections by Dr. Mathew under agency File No. 20004425.03. The agency granted her request for authorization of the injection scheduled to occur before her first appointment at UIHC and denied her application with respect to the injection scheduled with Dr. Mathew to occur after her first appointment at UIHC.

In the autumn, Steepleton applied for alternate care again in the form of authorization for injections by Dr. Mathew under File No. 20004425.07. The agency held a hearing, at the end of which the parties reached an agreement regarding authorization of the injections. The agency then issued a consent order memorializing their agreement. The order limited authorization of care by Dr. Mathew to the time period between the date of issuance and her appointment with Joseph Chen, M.D.

Dr. Chen examined Steepleton on November 21, 2022, and issued a report dated November 30, 2022. In the report, Dr. Chen summarized Steepleton's medical history, including the IME report issued for UnityPoint by Dr. Kuhnlein. (Ex. 1; Ex. A) Dr. Chen agreed with Dr. Kuhnlein's recommendation that Steepleton be referred to UIHC for multi-disciplinary care but noted the program was no longer accepting patients. (Ex. 1, p. 3) He further opined:

It is my medical opinion that Ms. Steepleton does not require any additional physical therapy for exercise instruction. Physical medicine treatments including trigger point injections have provided only temporary improvements. It is my medical opinion that Ms. Steepleton's treatment with Dr. Williams for pain psychology should be continued for at most another 3 months.

The missing component to Ms. Steepleton's treatment is a graduated functional restoration or return to work program as mentioned in Dr. Kuhnlein's report from April 4, 2022. It is my medical opinion that Dr. Pospisil implement the graduated return to work plan as outlined by Dr. Kuhnlein with sedentary work duties for 2 hours per day three days a week with graduated increases over the next 8 weeks to improve her level of physical fitness. Ms. Steepleton should be expected to work concurrently attend[ing] pain psychotherapy treatment with Dr. Williams over the next 3 months. By March 2023, I would expect her to be placed at maximum medical improvement[ and] assigned reasonable work restrictions that allow her to return to some gainful employment as a nurse in a medium duty work setting . . . ."

Cl. Ex. 1, pp. 3–4)

Dr. Chen further opined:

These records indicate that Ms. Steepleton has complained of nonspecific, subjective pain symptoms that do not correlate with objective findings or new conditions. I believe she is at high risk for developing new painful complications even while following through with recommended treatments. These complications can unfortunately lead individuals to become forever

dependent upon the health care system or the workers['] compensation system for additional treatments of doubtful efficacy such as spinal cord stimulation/neuromodulation, intradiscal electrothermy, and/or sacroiliac joint fusion all with their associated risks leading to additional complications of treatment.

(Cl. Ex. 1, p. 4)

Dr. Chen offered to provide her "pain coaching." (Cl. Ex. 1, p. 4) But the offer had a precondition. (Cl. Ex. 1, p. 4) He would only provide the pain coaching after her workers' compensation case had been adjudicated. (Cl. Ex. 1, p. 4)

Thus, Dr. Chen noted the injections administered by Dr. Mathew "provided only temporary improvements." (Cl. Ex. 1, p. 4) But he did not opine they should cease. (Cl. Ex. 1) Dr. Chen also did not identify the injections in the list of "additional treatments of doubtful efficacy" later in his opinion. (Cl. Ex. 1, p. 4)

Dr. Chen is not the only doctor to agree with Dr. Kuhnlein's recommendation of a gradual work-hardening program. Dr. Mathew recommended something similar in the spring. (Ex. A) In a letter dated December 20, 2022, Dr. Pospisil agreed with Dr. Chen's work-hardening recommendation. (Ex. B)

The parties do not dispute that Steepleton believes the injections Dr. Mathew administers provide her with relief for a limited period of time. No doctor has opined Steepleton receives no benefit from them. Moreover, no doctor has opined the injections should cease. The weight of the evidence shows that the injections administered by Dr. Mathew help reduce Steepleton's symptoms, albeit temporarily. The weight of the evidence shows that the injections by Dr. Mathew are reasonable at the present time.

#### **IV. CONCLUSIONS OF LAW.**

"Iowa Code section 85.27(4) affords an employer who does not contest the compensability of a workplace injury a qualified statutory right to control the medical care provided to an injured employee." Ramirez-Trujillo v. Quality Egg, L.L.C., 878 N.W.2d 759, 769 (Iowa 2016) (citing R.R. Donnelly & Sons v. Barnett, 670 N.W.2d 190, 195, 197 (Iowa 2003)). Under the law, the employer must "furnish reasonable medical services and supplies *and* reasonable and necessary appliances to treat an injured employee." Stone Container Corp. v. Castle, 657 N.W.2d 485, 490 (Iowa 2003) (emphasis in original). Such employer-provided care "must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee." Iowa Code § 85.27(4).

An injured employee dissatisfied with the employer-furnished care (or lack thereof) may share the employee's discontent with the employer and if the parties can't reach an agreement on alternate care, "the commissioner may, upon application and reasonable proofs of the necessity therefor, allow and order other care." Id. "Determining what care is reasonable under the statute is a question of fact." Long v. Roberts Dairy Co., 528 N.W.2d 122, 123 (Iowa 1995); Pirelli-Armstrong Tire Co. v. Reynolds, 562 N.W.2d 433, 436 (Iowa 1997). As the party seeking relief in the form of

alternate care, the employee bears the burden of proving that the authorized care is unreasonable. Id. at 124; Bell Bros. Heating & Air Conditioning v. Gwinn, 779 N.W.2d 193, 209 (Iowa 2010); Reynolds, 562 N.W.2d at 436. Because “the employer’s obligation under the statute turns on the question of reasonable necessity, not desirability,” an injured employee’s dissatisfaction with employer-provided care, standing alone, is not enough to find such care unreasonable. Id. “[W]hen evidence is presented to the commissioner that the employer-authorized medical care has not been effective and that such care is ‘inferior or less extensive’ than other available care requested by the employee, the commissioner is justified by section 85.27 to order the alternate care.” Reynolds, 562 N.W.2d at 437 (quoting Long, 528 N.W.2d at 124).

There is consensus amongst the doctors who have participated in this case as providers and experts that Steepleton is ready for a gradual work-hardening program. There is no basis in the evidence from which to conclude that the work-hardening program precludes Steepleton from receiving additional injections to help reduce her pain level from Dr. Mathew. Moreover, the weight of the evidence shows the injections provide Steepleton with some benefit. Therefore, the care UnityPoint was offering at the time of hearing—the work-hardening program with no more injections—was less extensive than other available care requested by Steepleton. Id. Therefore, Steepleton’s application for alternate care must be granted.

#### V. ORDER.

Under the above findings of facts and conclusions of law, it is ordered:

- 1) Steepleton’s application for alternate care is GRANTED.
- 2) UnityPoint shall authorize ongoing trigger point injections with Dr. Mathew.

On February 16, 2015, the Iowa workers’ compensation commissioner issued an order delegating authority to deputy workers’ compensation commissioners, such as the undersigned, to issue final agency decisions on applications for alternate care. Consequently, there is no appeal of this decision to the commissioner, only judicial review in a district court under the Iowa Administrative Procedure Act, Iowa Code chapter 17A.

Signed and filed this 22<sup>nd</sup> day of December, 2022.



BEN HUMPHREY  
Deputy Workers’ Compensation Commissioner

The parties have been served, as follows:

Andrew M. Giller (via WCES)

Terri C. Davis (via WCES)