Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: December 6, 2007

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Four sessions of individual counseling.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.C., D.O., M.S., Board Certified Physiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in Pain Management.

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

___X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Employee's report of first injury form dated 06/30/2005.

2. Notes from a nurse dated 01/09/2005,

3. X-rays of the thoracic spine were "normal" according to Dr. on 07/05/2005.

4. MRI of the thoracic spine 07/15/2005 showed "filling defects seen impinging upon the spinal cord at T7, possibly a loose fragment. Neurosurgical consultation and evaluation should be considered." This was signed by Dr.

5. MRI of the cervical spine on 07/15/2005 read by Dr. showed "minimal degenerative disc disease at C6-7 without true disc herniation or foraminal stenosis."

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6. A consultation from physicians' assistant, at Neurological Surgeons. The date was 06/29/2005. It was felt she might have a cervical radiculopathy although the MRI showed no obvious nerve root compression. He stated that they were not certain what the significance of the loose fragment at T7 actually was.

7. Extensive outpatient rehabilitation notes from ETMC.

8. MRI report of the left shoulder on 09/02/2005 shows "subacromial spur with impingement syndrome with tendinopathy, but no gross tear of the rotator cuff." This was authored by Dr. Smitson.

9. Consultation report from Dr. dated 09/12/2005 for it was felt that she had a rotator cuff tendonitis.

10. A report from Dr. neurosurgeon, dated 06/29/2005. He suggested a myelogram.

11. A myelogram report of 10/26/2005 read by Dr.. Her impression is "superiorly migrated right paracentral disc extrusion at T7-8, mildly flattens the right aspect of the spinal cord. Schmorl's node formation, mild spondylosis and small disc protrusion at the other thoracic levels as described. Mild scoliosis of the lower lumbar spine curved to the left."

12. Cervical myelogram on 10/26/2005 read by the same doctor shows "mild degenerative change but no significant central canal stenosis and no evidence for nerve root impingement throughout the cervical spine."

13. On 11/03/2005, the injured employee decided to go through with surgery on his thoracic spine.

14. Designated Doctor examination report on 06/29/2005 from Dr. He felt she was not at MMI for her left shoulder; would not be until she had surgery. He indicates that she was not at MMI for her back and would not be until she had surgery at the T7 level, but that she probably was at MMI for her left shoulder.

15. A report from Dr. dated 02/20/2006 who felt she had a herniated mid thoracic disc.

16. A report from Dr. dated 04/12/2006 who felt she had a left subacromial impingement syndrome and herniated disc at T6-7.

17. A 06/28/2006 report from Dr.

18. A 01/04/2007 report from Dr. who felt that she had a thoracic and shoulder strain/sprain. He indicated the thoracic disc herniation surgery did not seem to help her very much. He felt she was at maximum medical improvement.

19. A 01/16/2007 report from Dr. who wanted to do an arthrogram of the left shoulder.

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20. A 02/08/2007 report from Dr.

21. A 02/21/2007 report from Dr.

22. A 03/01/2007 report from Dr.

23. A 05/11/2007 report from Dr.

24. Dr. performed arthroscopic surgery on her left shoulder on 08/02/2007.

25. A 09/10/2007 report from Dr.

26. A note from chiropractor, dated 09/18/2007.

27. A note from LPC, dated 09/25/2007. At the time she was taking Xanax, Percocet, Soma, and Lunesta. She had been taking Effexor, but had stopped. Diagnoses were chronic pain disorder resulting from work injury of 06/29/2005, major depressive disorder resulting from work injury 06/29/2005.

28. A 10/01/2007 report from chiropractor.

29. A 10/18/2007 report from Dr.

30. According to Dr. on 10/22/2007, the injured employee did complete ten sessions of a chronic pain management program, which included psychotherapy.

ODG Guidelines were presented for review by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The injured employee reports an incident rolling up some carpeting when she felt a crack around her left shoulder and mid back area. She went on to have multiple diagnostic tests including MRIs and x-rays, as well as a myelogram. She was found to have a disc fragment at the T6-7 level which was operated on. She was found to have rotator cuff involvement of the left shoulder that was operated on. She has had postoperative physical therapy. She has had ten sessions of chronic interdisciplinary pain management with no documented improvement with respect to any psychological component of her complaints. She did have psychological testing by a counselor, not a physician, who identified that she had some elements of depression and anxiety. It was recommended she undergo four sessions of counseling.

She was on several medications including Soma, Lunesta and Xanax.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

It is my belief that this individual has had the benefit of counseling by way of her chronic interdisciplinary pain program. I do not believe she requires any further counseling. According to the ODG guidelines counseling is not a recommended treatment at this point in her injury status. She has had abnormal pain behaviors evidenced on the exam of Dr. This may be a negative factor in her presentation.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
_____AHCPR-Agency for Healthcare Research & Quality Guidelines.
_____DWC-Division of Workers' Compensation Policies or Guidelines.
_____European Guidelines for Management of Chronic Low Back Pain.
_____Interqual Criteria.
__X___Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X__ODG-Official Disability Guidelines & Treatment Guidelines.
_____Pressley Reed, The Medical Disability Advisor.
_____Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
_____Texas TACADA Guidelines.
_____TMF Screening Criteria Manual.
_____Peer reviewed national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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