



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0359-01
Social Security #: _____
Treating Provider: Paul Raymond, D.C.
Review: Chart
State: TX

Review Data:

- **Notification of IRO Assignment dated 11/18/05, 1 page.**
- **Receipt of Request dated 11/18/05.**
- **Medical Dispute Resolution Request/Response dated 11/1/05, 2 pages.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services, 1 page.**
- **Legal Letter dated 11/28/05, 2 pages.**
- **Fax Cover Sheet dated 11/21/05, 1 page.**
- **Addendum or Follow-up Preauthorization Report dated 10/21/05, 1 page.**
- **Review of Records cover letter dated 10/21/05, 1 page.**
- **Review of Preauthorization/Concurrent Review of Individual Therapy dated 10/21/05, 1 page.**
- **Request for Reconsideration dated 10/14/05, 2 pages.**
- **Preauthorization Report dated 10/11/05, 1 page.**
- **Initial Interview dated 9/29/05, 6 pages.**
- **Examination Report dated 9/1/05, 5 pages.**
- **Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 8/17/05, 1 page.**
- **Daily Progress Note dated 8/11/05, 1 page.**
- **Consultation Report dated 8/10/05, 3 pages.**
- **Indication for Evaluation dated 8/9/05, 1 page.**
- **Letter of Medical Necessity dated 8/9/05, 1 page.**
- **Daily Progress Note dated 8/9/05, 8/4/05, 8/3/05 3 pages.**
- **Initial Consultation dated 8/1/05, 3 pages.**
- **Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 7/26/05, 2 pages.**
- **Medical Report dated 6/9/05, 3 pages.**
- **Lumbar Spine MRI/X-Ray Report dated 6/2/05, 2 pages.**
- **Right Hip X-Ray/MRI without Contrast Report dated 6/2/05, 2 pages.**
- **Peer Review Report dated 6/2/05, 2 pages.**
- **Fax Cover Sheet dated 11/28/05, 1 page.**

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Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied individual therapy, once a week for eight weeks.

Determination: PARTIAL – four sessions of individual psychotherapy, at once per week for four weeks.

Rationale:

Patient's age: 73 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Assaulted by a student.

Diagnoses: Lumbar disc herniation, lumbar radiculitis, right shoulder impingement and myospasms.

The claimant was assaulted from behind by a 20-year-old autistic student. The claimant landed on the floor, resulting in a loss of consciousness. She was taken to a local emergency room, where she was evaluated with a CT scan and X-rays of the right shoulder. She was given Vicodin for pain and was discharged. The following morning, the claimant had complaints of significant pain resulting in an inability to move. The claimant initially presented to the office of Dr. Johnson on 5/10/2005. A course of chiropractic spinal manipulation and associated physiotherapy modalities was initiated. An MRI of the lumbar spine, dated 6/2/2005, revealed degenerative changes throughout the lumbar spine. An MRI of the right hip revealed findings of possible osteonecrosis. A bone scan was recommended. On 8/1/2005, the claimant was referred to Dr. Raymond, D.C., for an evaluation. At that time, the claimant continued to complain of pain levels of 8 out of 10 on the visual analogue scale. The recommendation was for a referral to Dr. Johnson for a pain management consultation, and referral to Dr. Tiongson for epidural steroid injections. On 8/10/2005, the claimant underwent a pain management consultation with Dr. Tiongson. His recommendation was for lumbar facet injections from L2 through S1, in addition to a follow-up with an oncologist regarding the claimant's findings on the hip MRI. On 9/1/2005, the claimant underwent a Required Medical Evaluation with Dr. Bloom. Dr. Bloom diagnosed the claimant with lumbar strain superimposed on lumbar spondylosis, with chronic low back pain, cervical strain and right shoulder contusion. He indicated that no additional treatment was necessary and that the claimant could return to work while utilizing a home exercise program and over-the-counter medication. On 9/29/2005, the claimant was referred to HealthTrust for a psychological interview. This initial interview noted that the claimant continued to complain of pain rated 8 out of 10 on the visual analogue scale. The recommendation was for eight individual psychotherapy sessions. The medical necessity for the requested eight sessions of individual counseling was not established. It was clear that the claimant has exhausted her lower levels of care and yet continued to have elevated pain levels. Throughout the course of treatment, the claimant had pain levels of 8 out of 10 on the visual analogue scale, despite the extended level of treatment. The initial interview noted that the claimant's Beck Anxiety and Beck Depression Inventory were normal. However, the claimant's global assessment of function score was 55, which equates to mild-moderate symptoms of depression. The evaluation interview further noted that the claimant had multiple findings including fear of a re-injury, complaints of restlessness, fear of something worse happening, loss of energy, sleep disturbances and interference with personal/work activities. The report further found that the claimant's slow recovery had been influenced by the

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claimant's mental status. Moreover, the record showed that the claimant had psychological factors since at least 8/9/2005. The ACOEM Guidelines, Chapter 15, indicates that "common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." Given the length of time post injury, the continued elevated pain levels and this claimant's psychological status, four sessions of individual psychotherapy would be appropriate and should be sufficient. The four individual sessions of psychotherapy are to teach the claimant proper breathing techniques, progressive relaxation, guided imagery, visualization, meditation and thought stopping. It was clear that the claimant had reached an endpoint with respect to manual medicine. However, as noted above, the claimant did continue to have psychological factors that would be amenable to a brief course of individual psychological counseling. Therefore, consistent with Texas Medical Fee Guidelines and The ACOEM Guidelines, this reviewer recommends certification of four individual psychotherapy sessions.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapter 15.

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas licensed DC, 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.

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