



## CompPartners Final Report



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

**Claimant Name:** ---  
**Texas IRO # :** ---  
**MDR #:** M2-06-1793-01  
**Social Security #:** XXX-XX----  
**Treating Provider:** Richard L. Puckett, DC  
**Review:** Chart  
**State:** TX  
**Date Completed:** 10/2/06

### **Review Data:**

- **Notification of IRO Assignment dated 8/10/06, 1 page.**
- **Receipt of Request dated 8/10/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 7/20/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Reconsideration: Behavioral Health Individual Psychotherapy Preauthorization Request dated 6/27/06, 3 pages.**
- **Examination dated 5/23/06, 2 pages.**
- **Daily Notes Report dated 4/6/06, 4/5/06, 4/4/06, 3/23/06, 3/20/06, 3/16/06, 3 pages.**
- **Lumbar Spine MRI dated 4/26/06, 2 pages.**
- **Electrodiagnostic Report dated 4/25/06, 4 pages.**
- **Consultation Report dated 6/5/06, 5/27/06, 5/8/06, 6 pages.**
- **Physician Activity Status Report (date unspecified), 1 page.**
- **Texas Worker's Compensation Work Status Report dated 4/2/06, 1 page.**
- **Office Visit dated ---, 3 pages.**
- **Review Determination dated 3/24/06, 1 page.**
- **Letter dated 3/24/06, 1 page.**
- **Review Determination dated 3/24/06, 2 pages.**
- **Liability Letter dated 3/24/06, 1 page.**
- **Review Determination dated 4/5/06, 2 pages.**
- **Functional Testing dated 3/23/06, 13 pages.**
- **MRI of the lumbar spine dated 4/26/06, 2 pages.**
- **Assignment of Proceeds, Contractual, Lien and Authorization dated 4/26/06, 1 page.**
- **MRI Request dated 4/21/06, 1 page.**
- **Letter (date unspecified), 1 page.**
- **Daily Notes Report dated 4/19/06, 4/17/06, 2 pages.**
- **Functional Testing dated 3/23/06, 13 pages.**
- **Fax Cover Sheets dated 5/15/06, 4/25/06 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 4/13/06, (date unspecified), 2 pages.**

- Daily Notes Report dated 5/3/06, 1 page.
- MRI of the lumbar spine dated 4/26/06, 2 pages.
- Electrodiagnostic Results dated 4/25/06, 4 pages.
- Lumbar Examination dated 3/16/06, 1 page.
- Right Shoulder Examination dated 3/16/06, 1 page.
- Thoracic/Rib Cage Examination dated 3/16/06, 1 page.
- Daily Notes Report dated 5/8/06, 1 page.
- Letter dated 5/23/06, 1 page.
- Texas Worker's Compensation Work Status Report dated 5/8/06, 1 page.
- Initial Evaluation dated 5/11/06, 1 page.
- Texas Worker's Compensation Work Status Report dated 5/16/06, 1 page.
- Daily Notes Report dated 5/16/06, 5/15/06, 2 pages.
- Electrodiagnostic Results dated 4/25/06, 4 pages.
- Fax Cover Sheets dated 6/5/06, 2 pages.
- Examination dated 5/23/06, 2 pages.
- Daily Notes Report dated 5/30/06, 1 page.
- Texas Worker's Compensation Work Status Report dated 3/17/06, 1 page.
- Fax Cover Sheet dated 6/9/06, 1 page.
- Examination dated 5/23/06, 2 pages.
- Initial Behavioral Medicine Consultation dated 5/31/06, 5 pages.
- Texas Worker's Compensation Work Status Report dated 3/17/06, 1 page.
- Functional Testing dated 5/16/06, 8 pages.
- Progress Report dated 6/21/06, 11 pages.
- Heart Rate Examination dated 5/23/06, 5/16/06, 2 pages.
- Functional Testing dated 5/16/06, 13 pages.
- Progress Report dated 6/21/06, 6 pages.
- Heart Rate Examination dated 5/23/06, 5/16/06, 2 pages.
- Daily Notes Report dated 6/19/06, 1 page.
- Texas Worker's Compensation Work Status Report dated 3/17/06, 1 page.
- Review Determination dated 7/7/06, 2 pages.
- Consultation dated 6/20/06, 2 pages.
- Review Determination dated 7/7/06, 2 pages.
- Letter dated 6/30/06, 1 page.
- Procedure Note dated 7/10/06, 2 pages.
- Post Anesthesia Recovery Record dated 7/10/06, 1 page.
- Recovery Room Notes dated 7/10/06, 2 pages.
- Authorization to Treat and Assignment dated 7/10/06, 1 page.
- Disclosure and Consent (date unspecified), 1 page.
- Letter of Medical Necessity dated 7/10/06, 1 page.
- Anesthesia Record dated 7/10/06, 1 page.
- Daily Notes Report dated 7/12/06, 1 page.
- Procedure Note dated 7/10/06, 2 pages.
- Fax Cover Sheet dated 7/24/06, 1 page.
- Procedure Note dated 7/24/06, 2 pages.
- Post Anesthesia Recovery Record dated 7/24/06, 1 page.

**CORPORATE OFFICE**

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- Recovery Room Notes dated 7/24/06, 2 pages.
- Authorization to Treat and Assignment dated 7/24/06, 1 page.
- Disclosure and Consent (date unspecified), 1 page.
- Letter of Medical Necessity dated 7/24/06, 1 page.
- Anesthesia Record dated 7/24/06, 1 page.
- Daily Notes Report dated 7/17/06, 1 page.
- Fax Cover Sheet dated 7/27/06, 1 page.
- Texas Worker's Compensation Work Status Report dated 3/17/06, 1 page.
- Worker's Compensation Patient Information dated 7/17/06, 1 page.
- Letter of Explanation and Documentation for Worker's Comp Insurance Companies (date unspecified), 1 page.
- Consultation Report dated 7/17/06, 2 pages.
- MRI of the cervical spine dated 7/20/06, 2 pages.
- Right Shoulder MRI dated 7/20/06, 1 page.
- Authorization Request dated 7/17/06, 1 page.
- Driver License Copy (date unspecified), 1 page.
- Assignment of Proceeds, Contractual, Lien and Authorization dated 7/20/06, 1 page.
- Letter (date unspecified), 1 page.
- Texas Worker's Compensation Work Status Report dated 3/17/06, 1 page.
- Daily Notes Report dated 7/26/06, 2 pages.
- Pre Procedure Evaluation dated 8/22/06, 2 pages.
- Nursing Items-Charge Sheet dated 8/22/06, 1 page.
- Items Used for Procedure dated 8/22/06, 1 page.
- Myelogram Orders dated 8/22/06, 1 page.
- Lumbar Myelogram and Post-Myelogram CT dated 8/22/06, 2 pages.
- Fax Cover Sheet dated 8/11/06, 1 page.
- Report of Medical Evaluation dated 7/28/06, 1 page.
- Designated Doctor Evaluation dated 7/28/06, 6 pages.

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for individual psychotherapy, once a week for six weeks (90806).

**Determination: REVERSED** - of the previously denied request for individual psychotherapy, once a week for six weeks (90806).

**Rationale:**

**Patient's age:** 39 years

**Gender:** Male

**Date of Injury:** ---

**Mechanism of Injury:** While picking up a bundle of carpet and wood, twisted his back, neck and right shoulder.

**Diagnoses:** Injury to the lumbar spine nerve root; major depressive disorder, single episode, severe, without psychotic features; injury to the ribs; and internal derangement of the shoulder joint.

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A complete summary of the records provided for review revealed that the patient is 6 feet 3 inches tall and weighs 295 pounds. As of 9/17/06, he was approximately six months post injury. He was initially seen on 3/17/06 at Concentra Medical Centers by William J. Capell, PA, and diagnosed with back pain, shoulder pain, shoulder impingement, and back strain. There was a Functional Capacity Evaluation (FCE) performed on 3/23/06, and he was found to be functioning at a below sedentary job level for a very heavy demand job level. He was evaluated by an orthopedic surgeon Paul A. Vaughan, MD on 5/23/06. At that time, he was still taking Hydrocodone and Lotensin and using a TENS unit. He complained of back and neck pain, as well as radicular pain into the right leg in the L3-4 distribution down towards the knee. He also complained of some weakness in his hands. Examination revealed some sensory disturbance in the L3-4 distribution on the right and a positive femoral stretch on the right with normal reflexes except the right knee reflex was decreased when compared to the left. Dr. Vaughan, MD opined that the MRI results showed a central herniated disc at L3-4 not at L2-3 as the report indicated and felt that to be a typo. He also noted a left paracentral herniated disc at L4-5. ESI facet injections were recommended at L3-4, with a lumbar CT myelogram, and continued to recommend him off work. On 4/25/06, the EMG/NCV showed a right L5-S1 radiculopathy. The daily notes from Tri-City Chiro & Rehab Inc. from at least 3/16/06, indicated only subjective right leg pain until 4/19/06, and then included right leg, right shoulder and low back pain complaints. The notes on 5/3/06 included moderately- severe pain in the right leg unchanged, moderately-severe pain in the right shoulder unchanged, and moderately-severe pain in the lower back unchanged. Notes continued from 5/15/06 to 7/26/06 with the same complaints. Please note there were absolutely no complaints of psychological problems on any of the notes from Dr. Puckett, DC up to that point. There was some mention in a FCE that he had some high scores for anxiety and depression; however, this was not addressed in any of the subsequent treatment notes to this point. There was an Initial Behavioral Medicine Consultation performed on 5/31/06 by Tracey Duran, MS, LPC as referred by Dr. Puckett, DC due to injury related disturbances in mood. This evaluation revealed a pain scale rating of 9/10, with elevations to 10/10 describing pain in the neck and lower back, with stabbing and burning pain in the right shoulder and pins and needles in his feet. The past medical and psychiatric history included a left knee surgery in 2004, and in 2000 he was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and began seeing a psychiatrist. He had adverse reactions to Prozac and Ritalin, and Wellbutrin caused seizures. The counseling helped him cope with his symptoms and was stopped in 2004. He currently reported symptoms of depression. The multiaxial diagnosis included: Axis I= 296.3 major depressive disorder, single episode, severe as well as Attention Deficit Disorder (ADD). Axis II no diagnosis; Axis III 953.2 Injury to lumbar nerve root; Axis IV Primary support group, occupational, housing and economic problems; and Axis V GAF current 53 and estimated pre-injury GAF: 85. The Beck Anxiety Inventory (BAI) and Beck Depression Inventory-II (BDI-II) reveal a score of 31 reflecting severe anxiety, and on the BDI-II, he scored 32 indicating severe depression. The FCE was repeated on 5/16/06, and the patient was still functioning at below sedentary level for a very heavy-duty job demand level. There was another orthopedic surgeon consultation from R.E. Branch, MD who only indicated the patient was a surgical candidate, but did not have specifics on this form dated 6/5/06. On 7/7/06, there is a denial for 6 sessions of individual psychotherapy sessions. On 7/10/06 and 7/24/06, the patient underwent an ESI procedure at L4-5, and an Epidurogram was performed by Bradley Eames, DO. There was a cervical spine MRI report dated 7/20/06, which revealed a congenitally narrowed cervical spine central canal due to shorter pedicles. There was a C3-4, 3-4 mm right uncovertebral joint marginal bony osteophyte that indented the spinal cord, a moderate degree resulting in a mild

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degree of central spinal canal stenosis and a CT scan was suggested for further evaluation by this radiologist Bruce A. Cheatham, MD. On 7/20/06, the MRI of the right shoulder revealed normal findings. A lumbar myelogram and post CT myelogram were performed on 8/22/06. This revealed an approximate 0.4cm far left paracentral/posterolateral hard disc protrusion, which narrowed the subarticular recess. There were small asymmetric disc bulges at the L2-3 and L3-4 levels. There was a designated doctor report from 7/28/06 by Sherri Y. James, MD. He was still taking Hydrocodone, Cyclobenzaprine and Lotensin medications. He rated his pain 6/10 in the neck, lower back and right shoulder, with numbness in the right leg and burning in the right shoulder. He was not found to be at maximum medical improvement (MMI) due to the fact he had pending testing and injections, and was only 25% improved at that time. There was a letter from Hartford to a Dr. Vuong (no specialty indicated) dated 6/30/06, indicating that there was a dispute of extent of or causal relatedness to the compensable injury regarding psych/depression issues per Stephanie Kirk claims adjuster. A peer reviewer Michael Dolan, PhD. in clinical psychology, had non-certified a request for 6 sessions due to the patient basically being only 3 months post injury and did not have "chronic pain because of the age of the injury" and because Dr. Vuong did not have past psychological records available prior to the injury. The current request is to determine the medical necessity for previously denied individual psychotherapy one time a week for six weeks (code 90806). The request is medically necessary at this time, with the available testing scores revealing mental health Multiaxial Diagnoses including: Axis I= 296.3 Major Depressive disorder, single episode, severe as well as ADD. Axis II no diagnosis; Axis III 953.2 Injury to lumbar nerve root; Axis IV Primary support group, occupational, housing and economic problems; and Axis IV GAF current 53 and estimated pre-injury GAF: 85. The Beck Anxiety Inventory (BAI) and Beck Depression Inventory-II (BDI-II) reveal a score of 31 reflecting severe anxiety and on the BDI-II he scored 32 indicating severe depression. The diagnosis was made on the Initial Behavioral Medicine Consultation performed on 5/31/06 by Tracey Duran, MS, LPC as referred by Dr. Puckett, DC due to injury related disturbances in mood. Although this patient may have pre-existing mental health issues, the medical necessity for this treatment would be found reasonable and necessary for the patient with reference to the Official Disability Guidelines (ODG) and the Texas Department of Insurance and DWC rules and regulations. Specifically, the ODG, 11th Edition regarding cognitive therapy for depression would recommend 6 visits for a trial of care. Texas Department of Insurance and DWC Rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury; (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. Lastly, the compensability issues should be made by the claims department regarding payment of these proposed visits due to evidence of the pre-existing condition. Again the medical necessity is there, however, payment decisions would be up to the claims department.

**Criteria/Guidelines utilized:** 1) Texas Department of Insurance and DWC Rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001

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2) Official Disability Guidelines, 11th Edition, online version regarding cognitive therapy for depression, ODG Psychotherapy Guidelines.

**Physician Reviewers Specialty:** Chiropractor

**Physician Reviewers Qualifications:** Texas Licensed DC, BSRT, FIAMA Chiropractor 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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this day of October 2, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

*Lee-Anne Strang*

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