



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0133-01
NAME OF REQUESTOR: Smith County Healthcare Systems
NAME OF PROVIDER: Margaret Cunningham, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 07/07/06

Dear Smith County Healthcare Systems:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

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conflicts of interest that exist between him the provider, 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 decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An Employer's First Report of Injury or Illness dated 03/29/04

X-rays of the cervical, thoracic, and lumbar spines and left wrist interpreted by Clinton R. Brunson, M.D. dated 03/29/04

Evaluations with Vannoy S. Cole, M.D. dated 03/31/04, 04/07/04, 04/14/04, 04/21/04, 04/30/04, 05/07/04, 05/14/04, 05/19/04, 06/09/04, 07/07/04, 07/21/04, 08/16/04, 08/30/04, 09/13/04, 09/27/04, 10/11/04, 11/10/04, 12/13/04, 01/17/05, 02/02/05, 03/04/05, and 04/06/05

Physical therapy with Dr. Cole dated 04/02/04, 04/05/04, and 04/06/04

Physical therapy evaluations with Terry Bunker, P.T. dated 04/26/04, 05/03/04, 05/07/04, 05/10/04, and 05/12/04

Physical therapy with Mr. Bunker and Scott Cottingham, P.T.A. dated 04/28/04, 04/30/04, 05/07/04, 05/10/04, and 05/12/04

A CT scan of the left wrist interpreted by David Frank, M.D. dated 05/03/04

Evaluations with G. Peter Fook, M.D. dated 05/19/04, 06/03/04, 06/30/04, 07/28/04, and 09/01/04

X-rays of the lumbar spine interpreted by Dr. Fook dated 06/03/04 and 07/28/04

Procedure notes from Dr. Fook dated 06/03/04 and 09/01/04

Evaluations with Stanley R. Lehman, M.D. dated 07/02/04, 07/23/04, 08/27/04, 11/01/04, 01/03/05, 04/11/05, and 06/20/05

Evaluations with Marco A. Ramos, M.D. dated 12/14/04, 02/10/05, 04/04/05, 06/16/05, and 09/26/05

CT scans of the cervical and lumbosacral spines interpreted by M. Mirfakhraee, M.D. dated 01/13/05

Evaluations with Margaret Cunningham, D.C. dated 01/13/05, 09/28/05, 10/26/05, 11/23/05, 12/02/05, 12/15/05, 12/30/05, 01/20/06, 01/30/06, 02/28/06, 03/28/06, 04/20/06, 04/26/06, 05/31/06, 06/28/06, 08/04/06, and 09/06/06

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An EMG/NCV study interpreted by J. Blau, M.D. dated 03/09/05
Designated Doctor Evaluations with Mark C. Race, M.D. dated 03/25/05 and 03/10/06
X-rays of the cervical spine, left wrist, and lumbar spine interpreted by Bruce Carter, M.D. dated 08/26/05
Evaluations with John Baker, D.C. dated 08/26/05
Chiropractic therapy with Dr. Baker dated 08/29/05
A Required Medical Evaluation (RME) with Kenneth R. Kemp, Jr., M.D. dated 09/29/05
Chiropractic therapy with Dr. Cunningham dated 09/30/05, 10/03/05, 10/04/05, 10/07/05, 10/12/05, 10/19/05, 10/21/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/02/05, 11/04/05, 11/07/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/19/05, 11/21/05, 11/25/05, 11/28/05, 11/30/05, 03/31/06, and 09/28/06
Evaluations with Ronald J. Davis, D.O. dated 10/06/05, 10/13/05, 12/13/05, 02/14/06, 03/14/06, 05/02/06, 06/27/06, 08/08/06, and 09/05/06
An MRI of the lumbar spine interpreted by B. Boudreaux, M.D. dated 10/10/05
A Physical Performance Evaluation (PPE) with Dr. Cunningham dated 10/11/05
A lumbar myelogram CT scan interpreted by David Riepe (no credentials were listed) dated 01/19/06
An MRI of the thoracic spine interpreted by Robert Reuter, M.D. dated 01/20/06
An evaluation with Benzel C. MacMaster, M.D. dated 01/30/06
A psychological evaluation with Melisa Cooper, L.M.S.W., L.P.C. dated 02/06/06
Weekly summary medical notes from Dr. Davis dated 03/14/06, 03/28/06, 04/25/06, 05/02/06, 05/09/06, and 05/16/06
Weekly summary medical notes from Dr. Cunningham dated 03/14/06, 03/21/06, 03/28/06, 04/25/06, 05/02/06, 05/09/06, and 05/16/06
Weekly summary notes from Ms. Cooper dated 03/14/06, 03/21/06, 03/28/06, 04/25/06, 05/02/06, 05/09/06, and 05/16/06
Weekly case conferences with Dr. Davis, Dr. Cunningham, and two unknown providers (the signatures were illegible) dated 03/14/06 and 03/21/06
An interdisciplinary pain management program with Dr. Cunningham dated 03/15/06, 03/16/06, 03/17/06, 03/20/06, 03/21/06, 03/22/06, 03/23/06, 03/24/06, 03/27/06, 03/28/06, 04/24/06, 05/01/06, 05/02/06, 05/03/06, 05/04/06, 05/05/06, and 05/09/06
Relaxation and group therapy with Ms. Cooper dated 03/15/06, 03/16/06, 03/17/06, 03/20/06, 03/21/06, 03/22/06, 03/23/06, 03/24/06, 03/27/06, 03/28/06, 04/24/06, 05/01/06, 05/02/06, 05/03/06, 05/04/06, 05/05/06, 05/09/06, 05/10/06, 05/11/06, and 05/16/06
Mental health evaluations in the pain program with Ms. Cooper dated 03/16/06, 03/22/06, 03/24/06, 03/28/06, 05/04/06, 05/05/06, 05/09/06, and 05/16/06
An evaluation with Laurence Rosenfield, M.D. dated 04/21/06

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X-rays of the left wrist interpreted by Dr. Carter dated 04/24/06

Treatment with Dr. Cunningham in the pain program dated 05/10/06, 05/11/06, and 05/16/06

A letter of precertification from an unknown provider (no name or signature available) dated 08/09/06

Letters of non-authorization from Forte dated 08/15/06, 09/05/06, and 09/06/06

A request for an appeal from Ms. Cooper dated 08/25/06

An acknowledgement of reconsideration request from Joel D. Wilk, M.D. at Forte dated 08/30/06

Clinical History Summarized:

X-rays of the cervical spine, lumbar spine, thoracic spine, and left wrist interpreted by Dr. Brunson on 03/29/04 were unremarkable. Physical therapy was performed with Dr. Cole on 04/02/04, 04/05/04, and 04/06/04. Physical therapy was performed with Mr. Bunker from 04/26/04 through 05/12/04 for a total of seven sessions. A CT scan of the left wrist interpreted by Dr. Frank on 05/03/04 revealed a probable congenital fusion of the lunate and triquetral bones and probable old chip fractures of the navicular lunate joint. A lumbar ESI was performed by Dr. Foux on 06/03/04. On 06/30/04, Dr. Foux stated he had nothing further to offer. On 08/27/04, Dr. Lehman recommended continued observation and off work status due to the back. Further lumbar ESIs were performed by Dr. Foux on 07/28/04 and 09/01/04. X-rays of the lumbar spine interpreted by Dr. Foux on 07/28/04 revealed a degenerative lumbar spine. On 01/03/05, Dr. Lehman performed a Kenalog injection into the wrist. CT scans of the cervical and lumbosacral spines interpreted by Dr. Mirfakhraee dated 01/13/05 revealed moderate spondylosis in both areas. An EMG/NCV study of the lower extremities interpreted by Dr. Blau on 03/09/05 revealed left L5 radiculitis versus radiculopathy. On 03/25/05, Dr. Race felt the patient was not at Maximum Medical Improvement (MMI) and recommended an EMG/NCV study of the upper extremities and possible cervical injections. X-rays of the cervical spine, left wrist, and lumbar spine interpreted by Dr. Carter on 08/26/05 were unremarkable. On 08/26/05, Dr. Baker took the patient off work and recommended chiropractic care. Chiropractic therapy was performed with Dr. Baker on 08/29/05. On 09/28/05, Dr. Cunningham recommended continued chiropractic therapy, a PPE, and a psychological evaluation. Chiropractic therapy was performed with Dr. Cunningham from 09/30/05 through 09/28/06 for a total of 25 sessions. On 10/06/05, Dr. Davis prescribed Motrin and Darvocet. An MRI of the lumbar spine interpreted by Dr. Boudreaux on 10/10/05 was unremarkable. On 10/11/05, Dr. Cunningham recommended a pain management program based on the PPE. Dr. Davis prescribed Soma and Amitriptyline on 10/13/05. On 10/26/05, Dr. Cunningham recommended an orthopedic evaluation and an electrical muscle stimulator unit. A lumbar myelogram CT scan interpreted by Dr. Riepe dated

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01/19/06 revealed a mild disc bulge at L4-L5 and mild degenerative changes at L5-S1. A CT scan of the thoracic spine interpreted by Dr. Reuter dated 01/20/06 revealed degenerative changes and an old fracture. On 01/20/06, Dr. Cunningham recommended a pain management program. On 01/30/06, Dr. Cunningham recommended a return to work program and a psychiatric evaluation. On 02/06/06, Ms. Cooper recommended individual counseling. Dr. Race placed the patient at MMI as of 03/10/06 with a 17% whole person impairment rating. On 03/14/06, Dr. Davis prescribed Flexeril and Amitriptyline. The patient underwent a pain management program from 03/15/06 through 05/16/06. Treatment included therapy with Ms. Cooper and treatment with Dr. Cunningham and Dr. Davis. On 03/28/06 and 04/20/06, Dr. Cunningham recommended continuation of the pain management program. On 05/31/06 and 06/28/06, Dr. Cunningham continued to recommend continuation of the pain management program. On 06/27/06 and 08/08/06, Dr. Davis prescribed Amitriptyline and Flexeril. On 08/04/06, Dr. Cunningham noted further pain management program had been denied. On 08/09/06, the unknown provider requested four sessions of individual counseling. On 08/15/06, 09/05/06, and 09/06/06, Forte wrote letters of non-authorization for the individual counseling. On 08/25/06, Ms. Cooper wrote a request for an appeal for the four counseling sessions. On 09/05/06, Dr. Davis prescribed Robaxin and increased Amitriptyline.

Disputed Services:

Individual psychotherapy once a week for four weeks

Decision:

I disagree with the requestor. The individual psychotherapy once a week for four weeks would be neither reasonable nor necessary.

Rationale/Basis for Decision:

According to the medical records provided for review, the patient was injured on _____. The patient underwent initial treatment (passive modalities and active exercises) to the left wrist, cervical spine, and lumbar spine. The patient began a chronic pain program on 03/14/06 that continued through 05/16/06. The treatments in question are individual psychotherapy once a week for four weeks. According to the Official Disability Guidelines (ODG), 2006, treatment for this patient's symptoms is 16 visits over six to eight weeks. The ODG state that, "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be

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noted. If additional circumstances are present, documentation must support medical necessity". The patient's last medical visit was on 05/16/06 and showed the patient had a Beck Depression Inventory score of 5, which indicates a very low anxiety level. His pain level remained steady at 7-8/10 throughout the chronic pain program and his sleep patterns were also steady at 4-5. At this point, there are no exceptional factors with this patient that would necessitate additional psychotherapy with regards to this injury. Thus, the additional sessions of psychotherapy once a week for four weeks are not medically necessary to treat this patient.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 11/07/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel