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# Comp1One®

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# Teamwork

A Periodical for Providers and Clients of Comp1One®

**Comp1One®**

Comp1One is a comprehensive case management company located in Huntsville, Alabama with clients across the Southeast. Comp1One and sister company, North Alabama Managed Care, Inc. (NAMCI), are divisions of Premier Health Networks of Alabama, LLC featuring PPO network access for direct medical cost savings in group health and workers' compensation.

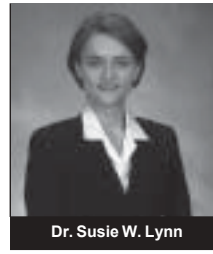
Comp1One features 24 hour case management services with Certified Nurse Case Managers and the backing of our Board Certified Occupational Health Medical Director. Our nurses and physician are available for pre-certification, utilization management, file reviews, case referrals, peer reviews, and catastrophic injury management.

Comp1One is certified by the state of Alabama Department of Industrial Relations, is licensed and insured, and has been recognized for Best Practices in Injury Management in the state of Alabama.

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## Back to Basics



Dr. Susie W. Lynn

How long has it been since you've reviewed proper lifting technique and back care with your employees? Perhaps a review of these statistics will rekindle your interest in this subject.

On a positive note, most of these are correctable/controllable issues. While we cannot force our employees to adhere to a healthy diet, nor can we exercise for them, we can certainly encourage healthy lifestyles by providing smart food choices in the workplace and encouraging walking and/or stretching during scheduled breaks.

- 8 out of 10 adults will have back pain in their lifetime
- 85% will suffer recurrences
- 175 million working days are lost annually due to chronic pain
- \$80 billion is estimated to be lost in work and productivity because of back pain

Something as simple as poor posture can lead to muscle fatigue and increase the chances for back/neck pain. A spine neutral position, where ear-shoulder-hip alignment is maintained, allows for the body's weight to be properly distributed on the bony skeleton, discs, and supporting structures. **POSTURE COUNTS!**

As staggering as these statistics are, why wait until a back injury occurs to take action? Preventing the injury is much easier and far less expensive than treating one.

Proper body mechanics/lifting techniques can be taught and enforced until they are ingrained into the employee's work mentality. These are probably familiar to most of us, but bear refreshing:

**"No matter what the occupation, everyone can benefit from changing positions to relieve tired muscles."**

The most common back problems are acute strains/sprains, muscle spasms, disc bulge, disc degeneration and disc herniation. Almost all back problems are the result of:

- When given the option, push vs. pull an object, keeping the back straight and using the strong leg muscles.
- Use your legs, not your back, for lifting. Keep your seat low in order to avoid bending forward from the waist.
- Think pivoting vs. twisting, allowing the feet to lead, in the direction your body is going.
- Centralize the object to be lifted, keeping it

- Poor muscle tone which leads to loss of motor strength and flexibility
- Poor posture
- Poor body mechanics
- Excessive weight

continued on page 2

## Legal Brief

The case is *KGS Steel v. McInish* 15 ALW 27-6 (2040526) involves the standard of proof in a cumulative trauma case. The plaintiff was a truck driver and developed bilateral carpal tunnel syndrome due to the vibrations from the truck he operated. He had only worked with the employer for less than a year and a half, but his treating doctor opined that it was work related. The employer covered and accepted the claim, as well as approved the initial carpal tunnel release procedure. The employee returned to work and later experienced pain in the shoulders and neck. The authorized treating physician recommended the second carpal tunnel surgery and he demurred.

The worker then began a path of unauthorized care that eventually resulted in a cervical fusion and the inability to return to work at all. The testimony of the physicians, authorized and personal, was pivotal. The authorized doctor testified that the cervical and shoulder problems were not work related. The personal doctors were equivocal and only opined that it was "possible" that his condition arose out of the employment. Interestingly, the employee filed an application for disability benefits and indicated his condition was not occupational. The trial court found that all his complaints were work related and awarded permanent and total benefits.

The appellate court reversed and held that in a cumulative trauma case, the standard of proof is "clear and convincing" evidence. Here, the court found that "possible" causation does not rise to the level of clear and convincing for purposes of compensation under the Act. Please note, a typical compensation claim is governed by a more lenient "preponderance of the evidence" standard of proof. The lesson from this case is the importance of medical testimony and whether the physician can state to a reasonable degree of certainty if a condition is work related.

Ben Pugh  
Carr, Allison, Pugh, Howard, Oliver & Sisson  
205-822-2006

### Did you know?

More than half (55%) of prescription drug costs in workers' compensation cases are attributed to pain relievers, according to research from the National Council on Compensation Insurance (NCCI) trade group. ([www.ncci.com/media/pdf/rx.pdf](http://www.ncci.com/media/pdf/rx.pdf))

## Back to Basics (continued)

as close as possible in front of your waist. If you think of your lower spine as a fulcrum, then the farther away an object is from your body, the greater the force required to move it.

Think before you lift. Spend the first 5 minutes identifying how to make a lift more manageable. Can the size, shape or position of the object be changed, such as downsizing a 50-lb load into two 25-lb loads? Perhaps a mechanical device could be used, such as a rolling cart or hoist. Assess if an obstacle or trip hazard should be removed before proceeding with the lift.

No matter what the occupation, everyone can benefit from changing positions to relieve tired muscles. A simple reversal of the usual "forward bent" position, that is to extend your arms behind our backs, "pinching" the shoulder blades together; and slowly rotating your head so that your nose points to the numbers on an imaginary clock, first clockwise, then counter clockwise, can reduce the muscle tension and improve flexibility.

**Dr. Susie Warren Lynn, MD, M.S.**  
**Occupational Health Group**  
**Madison**  
**(256) 774-7300**

## Workplace Illnesses and Injuries for 2004

A total of 4.3 million nonfatal injuries and illnesses were reported in private industry workplaces during 2004, down from 4.4 million in 2003. These cases occurred at a rate of 4.8 cases per 100 equivalent full-time workers, according to the Survey of Occupational Injuries and Illnesses by the Bureau of Labor Statistics (BLS), U.S. Department of Labor. This was a decline from the rate of 5.0 cases per 100 equivalent full-time workers reported by BLS for 2003 and resulted from a 2.5 percent decrease in the number of cases reported combined with a 1.6 percent increase in the number of hours worked. Goods producing industries as a whole had an injury and illness rate of 6.5 cases per 100 equivalent full-time workers, while service providing industries as a whole had a rate of 4.2 cases per 100 equivalent full-time workers. Both of these rates declined by 0.2 cases per 100 equivalent full-time workers from the rates reported for 2003.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor November 2005

## Company News

Please join us in welcoming Candra Fredrick, Diane McCrary, and Susan Metzger to the Comp1One Team!



**Candra Fredrick**

*Data Analyst*



**Diane McCrary**

*Case Manager*



**Susan Metzger**

*Marketing/Manager Specialist*

# Clinical Comments

## Work Injuries Affecting the Neck



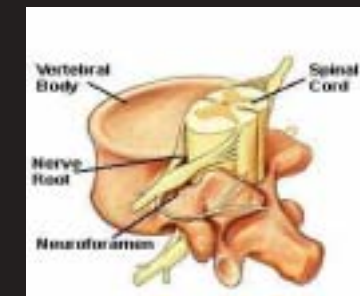
Approximately 21,000 work re-related neck injuries occurred in the United States in 2004. Each injury resulted in an average loss of six days from work. Individuals who are involved in occupations that are physically demanding and require repetitive lifting are at a greater risk. Overexertion, unintentional contact with an object, and transportation accidents are the most frequent inciting events that result in work related neck injuries. Fortunately, the majority of these injuries do not require any neurosurgical intervention and can be resolved with conservative treatments. Nevertheless, serious accidental injuries can occur and may require urgent evaluation and treatment.

The neck is a tremendously complex structure. It is comprised of seven vertebrae separated by intervertebral discs at every level, except between the first and second cervical vertebrae. Thirty-two muscles and numerous ligaments in combination with specialized joints allow the neck to have greater range of motion than anywhere else in the spinal column. This greater mobility of the cervical spine increases its susceptibility to injury. The spinal cord courses within the spinal canal with nerve roots exiting through the neuroforamen to innervate the chest, shoulders, arms, and hands. The majority of work related neck injuries involve sprains of ligaments and/or strains of the muscles; however, some injuries can result in the compression of nerve roots and/or the spinal cord, resulting in neurological symptoms.

A patient whose sole complaint is neck pain and who has a normal neurologi-

cal examination, including evaluation of strength, sensation, and reflexes and a negative radiologic survey, can be treated conservatively. Treatments can include medication, ultrasonography, electrical stimulation, ice or heat therapy, and gentle massage or stretching, which are aimed at decreasing pain, increasing mobility, and returning to the patient to normal activity. In patients with complaints such as arm pain, numbness, weakness, and/or difficulty with ambulation, a CT scan or an MRI may reveal fractures, disc herniations, and/or bone spurs

**Cross section of a vertebral body in the cervical spine. The neck allows unmatched mobility increasing susceptibility to strains and sprains. However, some injuries can result in the compression of nerve roots and/or the spinal cord, resulting in neurological symptoms and pain.**



are to remove the disc, bone spur, and/or ligament that are compressing the spinal cord and/or nerve root and to maintain or restore the stability of the spinal column. The type of surgery selected depends on the patient's symptoms, the area requiring decompression, the general health of the patient, and the surgeon's preference. Most of these procedures only require small incisions with minimal blood loss and damage to the surrounding tissue and are often performed in an outpatient setting. Following a brief recovery from surgery, most patients can return to their usual activities and/or work with limited restrictions.

The number of neck injuries in the work place can be minimized by education. Workers should follow guidelines regarding repetitive lifting, transporting, or lowering objects in order to lower the risk of injury. When a neck injury does occur, it can usually be treated effectively with conservative therapy. For those injuries that require surgical intervention, most patients will recover in a short period of time.

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**Cheng Tao, MD**