



REVIEWER'S REPORT

DATE OF REVIEW: 02/22/07

IRO CASE #:

DESCRIPTION OF THE SERVICES IN DISPUTE:

Ten additional chronic pain management treatments.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

I am a Chiropractor as well as an Osteopathic Physician specializing in Physical Medicine, Rehabilitation, and Pain Management.

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Notes that included psychological and counseling notes as well as physical therapy notes.
2. Note from Dr. dated February 12, 2007.
3. Notes from Chiropractic and Rehabilitation.
4. Physical therapy notes.
5. Counseling notes from.
6. Records from Dr..
7. A June 3, 2004 report of lumbar spine showing no herniated disc or degenerative changes involving facet joints at L4-L5 and L5-S1.
8. Procedure notes from lumbar epidural steroid injections.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee fell on a car at work injuring her low back with left-sided leg symptoms. By history, she had prior low back surgery that was successful years ago.

She ended up having an MRI scan on June 3, 2004 that showed no herniated disc. She ended up with physical therapy and lumbar epidural steroid injections. Ultimately, she underwent 20 sessions of chronic pain management on a day program.

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

She is continuing with chronic back pain and left leg symptoms pending analysis and explanation. In reviewing the records, it would indicate that the injured employee did not make any significant gains on a physical basis with regards to her back and leg symptoms during the chronic pain management program. Her functional capabilities, while slightly varied from start to finish, overall appeared to give the impression of no significant change. The gains that were made were so miniscule as not to be clinically relevant and certainly within a margin of error. There were tests that were positive after the chronic pain program sessions were completed that were not positive when they began. In other words, there is no definite evidence that there were any physical improvements from this period. She did have some psychological gains notwithstanding the death of 2 family members during the course of her program. It is my belief that she does not require a chronic pain management day program. She is at maximum medical improvement in that regard.

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.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- 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.)