

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** June 14, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Ten (10) sessions chronic behavioral pain management program

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Systems, 3/1/07, 3/23/07, 4/4/07, 4/30/07
- 3/20/07, 3/23/07
- Injury Management Organization, Inc., 4/10/07, 5/8/07

Medical records from the Requestor include:

- Systems, 1/20/05, 1/24/05, 2/7/05, 2/16/05, 3/23/07
- Systems, 5/9/06, 6/6/06, 7/18/06, 8/1/06, 9/26/06, 10/24/06, 11/21/06, 12/19/06, 1/16/07, 3/23/07

**PATIENT CLINICAL HISTORY:**

The patient developed carpal tunnel syndrome on xx/xx/xx, as a result of working repetitively using her hands. She also developed upper extremity and cervical pain bilaterally. She had multiple treatments including medication management, physical therapy, and epidural steroids with no sustained improvement. She has undergone bilateral carpal tunnel syndrome surgery with no sustained improvement.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

According to ODG, DWC pain guidelines from page 246, a multidisciplinary pain program is recommended. Multidisciplinary care may be the most effective way to treat chronic pain, with care to include physical therapy, medical care and supervision, psychological or psychosocial care, and vocational rehabilitation and counseling. C. Gallagher, 1999, Goosman 2001, Gros 2005, Sullivan 2005, Dysdik 2005. The patient may be a predictor of poor long-term outcome. See reference in 2004. Fourteen sessions with a chronic behavioral pain management program is reasonable and necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)