



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: October 11, 2007

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions of chronic interdisciplinary pain management.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified Psychiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in 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)

___X___ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. A report dated 06/18/2007 from Center. He was felt to be at maximum medical improvement on that date with a 5% whole person impairment rating.
2. A functional capacity report dated 06/18/2007. He was found to deliver consistent effort with complaints of discomfort in the left lumbar region ranging from 8-9 on a 0-10 scale. I reviewed the data pertaining to the functional capacity evaluation on that specific date.
3. A report from dated 07/03/2007 concluding that he had moderate levels of depression and anxiety with high levels of pain and stress from pain, and current disability with significant vocational readjustment required in order to return to work and reliance on pain medications to treat symptoms. Ineffective skills or techniques to deal with pain or stress.
4. 06/23/2007 report from Dr.
5. 08/27/2007 report from Dr.

6. 08/23/2007 report from Dr.
7. 10/08/2007 report from Dr.

A copy of the ODG was NOT presented by the carrier or URA.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who presents with a history of injuring his back, lifting a 120-125 pound flywheel. He had an abnormal EMG showing chronic L4-L5, L5-S1 radiculopathy, which would be somewhat difficult to relate to the event given the proximity of the test to the study. In any event, he went on and had an MRI on 11/10/2005, showing a protrusion at the L5-S1 level to the left deforming the left S1 nerve root sleeve and the left L5 nerve root sleeve. An EMG on 05/02/2006 showed an early sensory peripheral neuropathy with superimposed radiculopathy involving the left L5 and S1 nerve roots with acute changes noted. As well, this becomes difficult to relate to the event due to the time frame between the two. It is unlikely that an acute condition by definition could last 8 months. A repeat MRI on 09/07/2006 showed a 3-4 mm central disc protrusion at the L5-S1 level. He underwent a left L5-S1 discectomy on 10/20/2006. Postoperative MRI on 01/25/2007 showed the laminectomy at L5-S1, along with irregular postoperative scar tissue distorting the thecal sac and obliterating the left S1 nerve root. He underwent physical therapy, medications, injections and a brief course of individual psychotherapy. On 07/03/2007, he was taking 3 medications, being Lyrica 75 mg, Soma and Celebrex. He remained off work.

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

The injured employee has a permanent condition as evidenced by the impairment rating and the determination of him being at maximum medical improvement. There is evidence to suggest etiology of his pain being the post laminectomy syndrome with obliteration of the left S1 nerve root. He has had adequate exposure to traditional therapeutic interventions and presently is still symptomatic. His pain medications are not outside of reasonable and necessary parameters in my opinion.

He has reportedly shown high levels of anxiety and depression, and appears to lack the necessary coping mechanisms that should have been taught him in his original psychotherapy sessions. Unfortunately I do not have all the details of those initial psychotherapy notes, but understand how many there were and if there was appropriate training, why it did not carry over to his current situation. It is unlikely that he is going to return to employment at this point since he has been out of work for over 2 years based on Occupational Medicine Practice Guidelines. I think 5 sessions of an interdisciplinary pain management strategy may prove helpful to re-train him on appropriate coping strategies necessary for the foreseeable future. I do not see any reason why what needs to be accomplished could not be accomplished in 5 sessions versus the 20 that have been requested.

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 judgment, 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.)