

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** April 28, 2008

**IRO CASE #:**

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

(15) Fifteen sessions chronic pain management program to include 97799

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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 Healthcare include:

- Texas Department of Insurance, 04/15/08

- Healthcare Systems, 12/10/07
- Healthcare System, 01/02/08
- Interdisciplinary Pain Rehabilitation Program, 01/14/08, 01/15/08, 01/16/08, 01/17/08, 01/18/08, 01/21/08, 01/22/08, 01/23/08, 01/24/08, 01/29/08, 01/30/08, 01/31/08, 02/01/08

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Texas Department of Insurance, 04/15/08
- Healthcare Systems, 12/10/07
- Chronic Pain Management, 01/23/08, 01/24/08, 02/11/08, 02/12/08, 03/05/08
- 01/28/08, 02/14/08, 03/10/08
- Healthcare System, 01/16/08, 01/30/08, 02/06/08

### **PATIENT CLINICAL HISTORY:**

This is a xx-year-old female who sustained a work related injury on xx/xx/xx, involving the lower extremities.

Subsequent to the injury, the patient was treated with conservative care to include medication management, physical therapy, and interventional pain management injections.

A psychological evaluation performed on December 10, 2007 indicated that the patient was experiencing depression and anxiety symptoms related to the work related injury.

Following this, the patient has completed 20 out of 20 approved chronic pain management program sessions with reported reduction in narcotic medication, reduction in psychosocial issues, good response to biofeedback, an increase in activity, and reduction in pain. Despite these improvements, the requesting provider expresses his desire for this patient to undergo an additional 15 chronic pain management program sessions.

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

After reviewing the information submitted, the previous denial for an additional 15 sessions of a chronic pain management program is upheld. It is the opinion of this reviewer that this patient has had an extensive amount of treatment with functional improvement. From the subjective and objective findings, the clinical indications for the additional chronic pain management program could not be established. Continuing treatment in this type of setting runs the risk of reinforcing the patient's disability status. The guidelines references used are the Official Disability Guidelines, Treatment Index

2008, under Pain Management Programs, and ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 6.

The review outcome: Uphold previous non-authorization for an additional 15 sessions of a chronic pain management program.

**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)**