



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 04/20/08

**IRO CASE #:**

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

Pain management program.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,  
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. I reviewed the note from preauthorization nurse, L.V.N.
2. MRI scan report of 12/25/07 authored by Dr.. The impression was “C5/C6 small central disc protrusion with mild mass effect on the adjacent thecal sac, no cord signal abnormality or cord impingement, no evidence of neural foraminal or radicular impingement at this level, no vertebral body fracture or ligamentous injury visualized on current examination.”
3. MRI scan of the left shoulder on 09/27/07 was read by Dr.. The impression was “small cyst within the greater tuberosity humerus, otherwise normal examination.”
4. I reviewed a report dated 02/27/08 from Pain Recovery Center. Referral for chronic pain management was made because of persistent head, shoulder, ankle and knee pain from a work injury. She described her pain as 6/10. She had medications as well as rest and active as well as passive physical therapy. She is taking Ultracet and Skelaxin. Significant levels of depression and anxiety are suggested by Ph.D.
5. I reviewed a 02/27/08 report from Dr.. He diagnosed her with “status post traumatic injuries to head, neck, and shoulders with continued complaints of headache

secondary to closed head injury; herniated disc of the cervical spine; left upper extremity pain.”

6. I reviewed a physical therapy evaluation report of 02/27/08. She apparently returned to work on light duty but after two months was terminated from her position.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is a xx-year-old female who has a history of having a wall structure fall in on top of her on xx/xx/xx with complaints in the neck and shoulder. MRI scan of the cervical spine did show a central disc herniation, however, it is difficult to note to what extent it is contributing to her overall symptomatology. MRI scan of the left shoulder was unremarkable for any posttraumatic injury. The records reflect that she has had extensive conservative treatment to date, but the records discussing that are lacking. She has been found to have depression and anxiety. She has been fired and, therefore, has no job to go back to. The recent physical therapy assessment is only of the shoulders and does not pertain to the cervical spine. The examination by Dr. on 02/27/08 is a very cursory examination that really does not identify any pathologic condition for which such an intense chronic pain program would be indicated.

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

Current medical records do not indicate a pathological condition for which a chronic interdisciplinary pain program is indicated, in my opinion. She has some depression and anxiety, which certainly could be treated as a stand-alone condition. Her physical condition is not adequately assessed in the records I have reviewed in order to suggest it is of such a severe nature as to explain why she is still having the symptoms she is having eight months after this event occurred. There are too many unanswered questions to support a 28-day session of chronic interdisciplinary pain management, in my opinion.

**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.)