Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic pain management.

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)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. I reviewed a report from utilization nurse, dated 06/02/08. She summarized that this is a male who on xx/xx/xx sustained a back injury at work. He was on various medications at the time and completed ten sessions of psychotherapy without return to work.
2. I reviewed a 07/02/08 report from R.N.
3. I reviewed a note from Clinic, Dr.
4. I reviewed a report from a chronic pain management program at the Clinic. This was dated 05/28/08. At that time he was taking hydrocodone, naproxen, Tylenol, and Elavil. He had completed six sessions of individual psychotherapy and failed ten days at a work hardening program. Pain level was 6/10. The report was filed by M.S., L.P.C.
5. I reviewed a copy of the chronic pain management program designed from the Clinic.
6. I reviewed notes from Ph.D., from the Clinic.
7. I reviewed a 06/17/08 report from . Mr. indicates that the examinee's level of psychological stress is consistent with his medical condition. He states that the injured employee does not have a negative outlook of future employment and will go back to

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work as soon as he is able to. Mr. indicates a goal of their treatment was to wean him off of tramadol.
8. I reviewed 05/02/08 a physical performance evaluation report, indicating he could perform at a sedentary to light level of activity. The report goes on to state that the injured employee appears to have declined in most areas of his physical abilities based on today's physical performance evaluation.
9. I reviewed a 04/03/08 report from Dr. Diagnoses were "lumbar herniated disc, L2/L3, L3/L4, L4/L5, and L5/S1, bilateral L5 radiculopathy, spinal canal stenosis, multilevel neural foraminal stenosis, intractable pain, lumbar sprain/strain, sleep disturbance, and depression." He had decreased deep tendon reflexes with dysesthesia and numbness and tingling in a bilateral L5 dermatome pattern at that time.
10. I reviewed a 05/02/08 goal and treatment plan from the Clinic authored by physical therapist and counselor .
11. I reviewed the initial Behavioral Medicine Consultation report of 07/20/07 from M.Ed.
11. I reviewed an MRI scan report of the lumbar spine dated 01/31/08 authored by Dr.. The impression was "multilevel degenerative changes are noted as described above with mild canal stenosis." The body of this report is inconsistent with the conclusions drawn by Dr. wherein he indicates multilevel disc herniations where it just indicates multilevel degenerative bulges. There is also no reference on the MRI scan that would corroborate with a compressive radiculopathy.
12. I did review the EMG study report of 08/01/07 from Dr. which reads, "The electrophysiological manifestations found nonresponsive. Peroneal motor and peroneal f-wave of the left lower extremity along with abnormal EMG study findings including increase increased amplitudes, positive sharps and polyphasia, polyphasia indexing a compressive nerve root irritation at the L5 level bilaterally, which is consistent with a radiculopathy at this time. Further clinical correlation is indicated." I reviewed his data, and although I agree with his conclusions, it is difficult to correlate this with the noncompressive findings on MRI scan.
13. I reviewed a report from 06/05/08 from Dr. Diagnosis was "low back pain." The note states, "Given [the claimant's] continued central nonradiating low back pain without significant radicular symptoms, we will schedule him for comparative diagnostic lumbar medial branch blocks from L3 to S1 bilaterally."
14. I reviewed a Designated Doctor Evaluation of Dr. dated 03/19/08. It is his impression that he did not yet reach maximum medical improvement but would expect to be at 09/19/08. A neurosurgical evaluation was recommended. He recommended referral to pain management if he was not found to be a surgical candidate.
15. I reviewed a note dated 07/22/07 from Dr.
16. I reviewed a note from Dr. dated 06/28/07. He indicated he had treated this gentleman for back pain since initially xxxx.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This is a male who reported a back injury on xx/xx/xx, although he had back pain as far back as the early 1990s, according to Dr. He has gone on to have an abnormal MRI scan for age-related degenerative changes throughout the lumbar spine. There was nothing compressive on this MRI scan, yet the EMG study showed bilateral L5 radiculopathies. I

cannot explain where the radiculopathy is originating from, but nonetheless, this is what the results showed. He has had psychological assessment, showing that he has issues with depression and anxiety, both of which seem consistent with his level of back pathology. There is some disagreement in the records with regard to this gentleman and his complaints. Dr. stated he had bilateral radiculopathy and low back pain, yet other doctors have said that the back pain was axial and did not radiate to the legs. That would be more consistent with the MRI scan, but yet would be inconsistent with the EMG study, which again shows bilateral L5 radiculopathy. In any event, this gentleman appears not to have responded to short-term therapy and work conditioning and has had a Functional Capacity Evaluation showing his capacity to be functioning at a light level.

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

I do believe that he is a candidate for a ten-day trial of chronic interdisciplinary pain management. I believe this decision is consistent with the intent of the ODG Guidelines. He has had a physical examination, and it does not appear as though he has been deemed to be a surgical candidate. Therefore, he fulfills criteria #1 of the ODG Guidelines. With respect to #2, he has had previous treatment, and his pain is still persistent, and he is still on pain medications. With regard to ODG Guideline criteria #3, he does appear to have a significant loss of functional ability based on his functional capacity performance. In regard to #4, he does not appear to be a candidate for surgery. There does not appear to be any herniated disc or anything that would require a surgical intervention. Regarding #5, there is question about his motivation based upon his performance in the Functional Capacity Evaluation. There is no overt effort; in fact, there is malingering situation taking place. As it relates to #6, the negative predictors for success that need to be addressed pertain to his depression and anxiety, which appear to be situational and have attempted to be addressed with psychological consultation initially. I do believe that he fulfills the criteria for implementing a ten-day program with the goals to diminish his reliance on pain medication, increase his function, and deal with his anxiety and depression associated with his back pain diagnosis.

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.
__X __Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.)

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