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Notice of Independent Review Decision

**DATE OF REVIEW:** June 20, 2008

**IRO CASE #:**

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

Chronic pain management program, 10 day outpatient, to include CPT code #97799CP.

**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)

**PATIENT CLINICAL HISTORY:**

This is a male who sustained a work related injury involving the lumbar spine secondary to a fall from a scissor lift of approximately two to three feet.

Subsequent to the injury, the patient underwent a left wrist MRI that was performed on September 16, 2005, which revealed that the lunate had 5 mm chondral cyst or erosion. An MRI of the lumbar spine performed on October 10, 2005 revealed evidence of 2-3 mm posterior central disc protrusion at the L3-4 level with minimal indentation of the thecal sac, as well as associated 3-4 mm inferior substance extrusion at this level; a 2-3 mm posterior central disc protrusion at both the L4-5 and L5-S1 levels that contact, but do not indent the thecal sac.

An orthopedic spine evaluation was performed by M.D., in October of 2005. He did not recommend any surgical intervention, but recommended continued physical therapy.

The patient continued with conservative treatment consisting of physical therapy, medication management, and an interventional pain management injection.

In February of 2006, the patient underwent a work hardening program of which reportedly he made minimal progress and remained at a sedentary physical demand level.

Of note, it appears from September of 2006 through November of 2007 that the patient could not find a physician willing to take his workers' compensation case, and therefore, no treatment was rendered during this time.

In the past, the patient reportedly has had twelve individual psych therapy treatments with reported minimal decrease in Beck Depression Inventory and Beck Anxiety Inventory scores.

The patient currently ambulates with a cane, is not working, and takes over the counter medications.

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

After a review of the information submitted, the previous denials for a chronic pain management program times ten sessions has been upheld. From the subjective and objective findings, the clinical indications of the request could not be established. The stated goals relating to pain management (i.e. "pain management," "relief from pain," etc.) or "coping" and control of diagnosed emotional and behavioral sequelae of the pain problem are not empirically supportable. This focus is specifically proscribed in this type of patient because such a strategy "may reinforce psychological, environmental, and psychosocial factors" that promotes "chronic pain states." In addition, the main purpose of these programs is to return a patient back to work, as well as to wean off sedative medications so they can return to some form of vocation. The success of this is reduced drastically after one year, and this patient's injury is almost three years old. There is no peer review literature to support programs for these older injuries. Therefore, the denial for the chronic pain management program times ten sessions is upheld.

The guidelines references used are ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapters 5 and 6, Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2008, under pain section chronic pain programs.

**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)**