



REVIEWER'S

REPORT DATE OF REVIEW: 06/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic 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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a male who sustained multiple musculoskeletal injuries while working. He went on to have an evolution of complaints from one area to another as time went on. He initially had problems with his neck, upper back, and left shoulder area which then include his lower back and then his right knee as well as his left elbow. He has had numerous diagnostic tests including x-rays, MRI scans, EMG studies, and repeat MRI scans. He has had surgical consultation. He has had physical therapy and work hardening and psychological counseling as well as trials of medications. At one point he was determined to be at MMI with 3% whole person impairment rating. There was concern about some element of symptom magnification at one point. Notwithstanding the aforementioned attempts to return this gentleman to his previous occupational activities, he persists with ongoing pain complaints, pain medications and reported inability to fully perform his activities of daily living without complaints.

He has had numerous Functional Capacity Evaluations, none of which showed him to have full resolution of his problems and return to pre-accident capabilities. He was found to be mildly depressed and moderately anxious. There appears to be some significant psychosocial stressors in his life.

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

This gentleman has, by all accounts, made some progress, but given the time frame from his injury, which is now approximating the one-year anniversary, he still has not had full resolution of his complaints and full functioning reintegration back to work and to his normal lifestyle. Due to the complexities of this case, I do believe that a trial of a chronic pain program would be appropriate. However, thirty days, in my opinion, is excessive. I

believe that when looking at the current version of the ODG Guidelines, the criteria has been met. He has tried conservative strategies, but he is a surgical candidate. There does not appear to be secondary gain issues that have been discussed. He is having issues with ongoing pain medication as well as having some levels of anxiety and depression. I believe that a chronic pain management program has the potential to benefit him, but the request is in excess of what is medically necessary.

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.)