



Southwestern Forensic  
Associates, Inc.

Amended May 28, 2008

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/25/08

**IRO CASE #:**

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

Ten sessions of a chronic pain management program.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., M.S., Board Certified in Physical Medicine and Rehabilitation, and 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 a 01/05/06 report from Dr.. This doctor's opinion was that the injured employee had not yet attained maximum medical improvement. At that time her complaint was pain in her left wrist and elbow. The diagnosis was actually not diagnosis but rather a recitation of complaints of pain in the left wrist and left elbow without any definitive diagnosis being offered.
2. I reviewed a Functional Capacity Evaluation reported on 01/11/06. The history is that the injured employee developed symptoms in her left wrist and elbow due to repetitive work such as typing, scanning, and lifting on or about xx/xx/xx. The utility of this Functional Capacity Evaluation is somewhat difficult to understand, since this is apparently for the left wrist and elbow, and yet there are limitations in her bending, stooping, crouching, squatting, kneeling, crawling, and climbing.
3. I reviewed the 08/16/06 Required Medical Examination of Dr. physiatrist. He diagnosed “overuse tendinitis without neurophysiologic evidence of median neuropathy.”

4. I reviewed an EMG report of 08/25/06 from Dr., which reports to be normal to the left upper extremity.
5. I reviewed an 08/25/06 report from Dr. detailing his clinical examination preceding the EMG study.
6. I reviewed a 11/08/07 report from Dr. The diagnosis was “left carpal tunnel syndrome, operated, left lateral epicondylitis by history, and left cubital tunnel syndrome.” He also opines that the injured employee was placed at statutory MMI as of 07/20/07.
7. I reviewed a 12/23/07 Peer Review by Dr.. He indicated no need for chiropractic care and that she should be transitioned to home exercise program and over-the-counter medications and be detoxified from her opioids and narcotics and begin functional restoration and vocational rehabilitation.
8. I reviewed a report from Dr. dated 12/13/07. He felt a two-week to four-week program of functional restoration and detoxification was reasonable.
9. I reviewed a request for ten days of additional chronic pain management program dated 01/28/08. At that point she had completed sixteen sessions of individual psychotherapy as well as having completed physical therapy. At that time she had had no narcotics in seven days.
10. I reviewed a report from counselor, dated 01/28/08.
11. I reviewed a report from Dr. dated 02/18/08. The injured employee’s “Fake Bad Scale” raised significant validity concerns. His conclusion was that she had an undifferentiated somatoform pain disorder and personality disorder not otherwise specified as well as upper extremity pain and dysfunction disproportionate to objective findings. He also found her to have severe psychosocial stressors.
12. I reviewed a Functional Abilities Evaluation Report dated 03/13/08. This was apparently performed by, D.C.

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

The injured employee reported an occupational injury to her left upper extremity involving the wrist and elbow on or about xx/xx/xx, not due to any singular event but rather apparently an accumulative disorder. She was treated by a company physician. She had an MRI scan on 10/04/05 that apparently showed moderate findings, which may reflect carpal tunnel syndrome, although I did not have the actual MRI report available. She saw Dr., the chiropractor, in January 2006. She was found to have chronic left carpal tunnel syndrome by EMG study on 04/04/06 and was treated conservatively. She had a left carpal tunnel release on 06/14/07 by Dr. followed by physical therapy. She then completed sixteen sessions of individual psychotherapy. She has also received treatment in the chronic interdisciplinary pain management program, and the request was for an additional ten days of therapy.

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

The injured employee has already had extensive treatment to date. Some of the psychometric testing revealed that there may be an unreliable component to her complaints, and she may actually have a somatoform disorder. She has been determined to be at maximum medical improvement. Though she had been off her narcotics, there

still appeared to be severe psychosocial stressors, which would not be sufficient reason to continue the chronic interdisciplinary pain program. It is my opinion that she is at maximum medical improvement from the records I reviewed, and she does not require interdisciplinary pain management program. The patient may require outpatient counseling to straighten out her psychosocial stressors, but that does not, in my opinion, require the use of an interdisciplinary pain program.

**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.)