

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: September 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 additional sessions of a chronic pain management program

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN
OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

General and Forensic Psychiatrist; Board Certified by the American Board of Psychiatry and Neurology

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:

The patient experienced a lower back strain in the course of her duties as a on xx/xx/xx. She has had extensive treatment, not limited to work conditioning, work hardening, and most recently ten sessions of a chronic pain management program.

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

DECISION.

With respect to the duration of chronic pain management programs, the ODG states: “Integrative summary reports that include treatment goals, progress assessment, and stage of treatment must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (. 2005). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The patient should be at MMI at the conclusion.”

The material submitted with the request for additional treatment does not have sufficient objective measures to document ongoing symptoms that would prevent her from resuming work, allow adequate objective measurement of progress, or substantiate the need for an additional 10 days of programming. There are no objective measures of psychological function submitted except the Global Assessment of Functioning. The physical performance evaluation only focuses on the endurance and not range of motion or strength measurements. Furthermore, the most recent functional capacity evaluation that is submitted was performed on March 3, 2008. At that time, the patient was performing at a heavy physical demand level. The most recent Global Assessment of Functioning was scored at 75. According to the DSM-IV this score is defined as “If symptoms are present, they are transient and expectable reactions to psychosocial stressors...no more than slight impairment in social, occupational, or school functioning.” Thus, the medical necessity of continuing this intensity of treatment is not supported by the submitted materials.

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) DSM-IV Diagnostics and Statistical Manual of Mental Disorders, 4th Edition**