



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 09/03/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of Chronic Pain Management Program (CPMP).

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Practitioner with 28 years experience, having served as a Designated Doctor for both the TWCC and TDI, post graduate certifications in Peer Review, Manipulation Under Anesthesia, Impairment Rating, and Sports Medicine

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:

I reviewed approximately 205 pages of documents, many of which were duplicates. Approximately the first twenty were submitted by the Texas Department of Insurance to the IRO. The following is a breakdown of the other documents supplied the carrier and respondents:

1. The carrier supplied approximately 156 pages of documents, which included but were not limited to a three-page denial form dated 09/02/08, three pages of request from , three pages of a denial from the preauthorization company dated 07/28/08, one page of a report from , three pages of an IRO request dated 08/04/08, two pages of an appeal request dated 07/22/08, four pages of preauthorization request dated 06/25/08, one page of a follow up exam dated 06/16/08, one page of treatment from dated 06/16/08, one page of a follow up exam from dated 06/09/08, one page of a treatment plan dated 06/10/08 from , five pages of evaluation by dated 01/03/08, three pages of a report by , M.D. dated 08/14/07, a letter of counseling dated 04/16/03, a statement of injury consisting of three pages, four pages of a Designated Doctor Examination from dated 05/28/04, two pages of a form 73, six pages from dated 11/01/04, six pages from dated 06/07/05. As noted earlier, many of these documents were supplied in multiples of four or five, hence the length of the documents.

2. The requestor submitted the following records: a weekly summary dated 03/26/08, a treatment plan dated 03/26/08, a weekly summary dated 03/19/08, treatment plan dated 03/19/08, a report signed by dated 01/03/08 consisting of approximately four pages, four pages of a report by .

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male, xx years of age, who sustained an injury to the low back on xx/xx/xx while attempting to close a steel door on a prison cell. Treatment to date has included but is not limited to diagnostics, discectomy, fusion, stimulator implant, hardware removal, physical therapy, work hardening, and fifteen sessions of CPMP.

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

Ten sessions of CPMP are being requested after fifteen sessions have already been approved. This case is approximately 60 months post injury where the patient has had multiple treatments and extensive therapy including but not limited to discectomy, fusion, stimulator implant, hardware removal, and work hardening. It is noted by the preauthorization physician that the patient was currently taking Paxil 10 mg. Since the injury occurred approximately five years ago, it appears that the patient has received maximum benefit from multidisciplinary care. Therefore, there is no reason to expect further outcome of success with ten additional sessions of CPMP.

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 with over 28 years experience.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, Return to Work Guidelines from the 2007 ODG, 12th Edition, and Treatment Guidelines of the ODG Treatment and Workers' Compensation, 5th Edition, Pain Chapter
- 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.)