

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** April 27, 2009

**IRO CASE #:**

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

Chronic pain management program x 10 day/sessions to include CPT code 97799.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY:**

The services in dispute are chronic pain management program times ten days.

This is a male who sustained a work-related injury on xx-xx-xx, involving the left shoulder secondary to a lifting-type mechanism. The patient was diagnosed with a rotator cuff tear and impingement syndrome following a left shoulder MRI performed subsequent to the injury.

On July 25, 2008, the patient underwent a left shoulder arthroscopy with Type II SLAP

repair; subacromial decompression and arthroscopic distal clavicle resection. This was performed by M.D.

The patient was recently approved for a work hardening program times ten days. The patient prior to the program was reported at a physical demand level of medium and currently remains at medium reportedly. Behavioral testing reveals Beck Depression Inventory (BDI) normal and Beck Anxiety Inventory (BAI) minimal. The patient needs to be at a heavy physical demand level in order to return to his job. This patient has had individual psychotherapy times two in the past with the latest request for individual psychotherapy denied at IRO.

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

The current documentation submitted did not support enrolling this patient in a chronic pain management program. Continuing this effort in this setting is a risk of reinforcing disability status. This type of 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.” The request is not reasonable and necessary as per Evidence-Based Guidelines and ODG Section under Pain.

The review outcome is upheld previous non-authorization for a chronic pain management program times ten days.

**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)**