



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 12/08/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten-day trial of a chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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)

ODG criterion number two has not been met; therefore, these services are not reason or necessity.

INFORMATION PROVIDED FOR REVIEW:

1. Denial letters, 9/25/09 and 10/9/09
2. Preauthorization request 9/10/09
3. Reconsideration request 10/6/09
4. PPE by DC, 8/25/09
5. Notes, DO, 8/25/09
6. Psychological testing results, PhD, 2/18/09
7. Behavioral Medicine Consultation, PhD, 1/22/09
8. Procedural notes, MD, 7/10/09
9. MRI, MD, 1/6/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual was involved in a motor vehicle accident on xx/xx/xx and sustained back and neck injuries. MRI scan shows degenerative changes with no focal lesions. Physical therapy was provided, and the injured worker failed work hardening. A psychological evaluation reveals depression.

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

ODG Guidelines number two states there should be no other options before consideration of a behavioral pain management program. There are other options including additional diagnostic and therapeutic injection therapies and antidepressant therapy. These avenues should be explored prior to considering a behavioral pain management 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.)