



**DATE OF REVIEW:** 02/04/09

**IRO CASE #:**

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

Request for ten eight-hour days of chronic pain management program.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Family Practice physician, board certified by the American Board of Family Practice who has worked with patients such as those involved in this case many times over the years and has had to make determinations regarding the proper use of pain management multidisciplinary programs as well as medications.

**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. TDI referral paperwork including letters regarding prior Adverse Determination and appeal
2. URA records
3. Various notes from physical therapists, psychologists, and physicians, both in support and not in support of the Adverse Determination

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

This patient sustained a lumbar back injury while at work on xx/xx/xx while working as a for the . She received medications as well as epidural steroid injections yet continues to have constant and severe lumbar pain that is chronic in nature. She has shown signs of decreased lumbar range of motion and trunk strength as well as a poor function in many of the activities of daily living. She does have some psychological component of depression and anxiety related to this injury.

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

This is well delineated in the Adverse Determination letter in the documentation referenced above. However, she also has a determination to return to work as well as only a minimal psychological overlay, which could be improved by some progress with a short-term chronic pain program supplemented by a change of her medications to help improve her activities of daily living in her pain situation. Therefore, it is felt that a ten-day, eight hour per day chronic pain program would be necessary and reasonable for this patient.

**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.)