



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/11/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visit and prescription medication coverage for prior injury and ongoing symptoms.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified by the American Board of Family Practice, have worked with patients such as those involved in this case many times over the years, and have had the opportunity to make determinations regarding the proper use of medications, office visits, and ongoing evaluation of symptoms related to overuse syndromes and pain syndromes consistent with this case.

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 previous adverse determinations by physicians
2. Office notes and examination notes by other physicians including her neurologist
3. Handwritten notes by the patient to various people
4. Various reports of studies including x-rays, EMGs, etc.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was employed by xxxxxx at the time of the injury on xx/xx/xx. There was no specific injury, but it occurred when she apparently developed acute pain in her left arm and chest related to the posture with which she did her work, including using a phone and/or headset with her neck turned to keep it in place. She was unable to continue her work and has developed ongoing symptoms with persistent recurrent pain as well as

psychological symptoms including anxiety and depression that the patient attributes to this prior injury.

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

The likelihood that her present symptoms are related to her original problem are remote. It has been more than 15 years since the onset of her symptoms, and there was no acute trauma. This was apparently an overuse syndrome related to the ergonomics and her postural activities at work. Symptoms present this long in the absence of the repetition of the offending activity are not related to the original activity. In other words, an overuse syndrome by this time should have been completely resolved by avoidance of the activity that was overusing the important anatomical structures. Therefore, the likelihood that her present symptoms are related to an overuse syndrome in 1993 is not tenable. Her psychological symptoms related to these problems also do not appear to be related to her original injury due to the time relationship as mentioned above. Her present symptoms, medications, and office visits are part of the ongoing pain syndrome that should not be related to an overuse syndrome because she is no longer in the activity of that overuse and has not been for more than a decade.

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.)