

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

**DATE OF REVIEW:** January 29, 2009

**IRO CASE #:**

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

Thirty (30) days (240 units/hours) of an interdisciplinary chronic pain management program to include CPT code 97799CP

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified by the American Board of Psychiatry and Neurology

**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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- , P.A., 03/14/03, 10/13/08, 10/28/08, 11/25/08, 11/26/08, 12/19/08
- Insurance Verification Form, 10/19/04
- , 10/28/08, 11/06/08

- Status Report, 10/28/08, 11/25/08, 12/19/08
- , 10/29/08, 11/06/08, 12/03/08, 12/11/08
- , 11/03/08, 12/09/08, 12/19/08
- , 12/11/08
- , 12/18/08

Medical records from the Requestor/Provider include:

- , Ph.D., and s, 09/26/07, 11/06/08, 01/19/09
- , 10/28/08, 11/06/08
- , 12/09/08, 12/19/08

### **PATIENT CLINICAL HISTORY:**

The patient has a low back injury which resulted from a fall off a stepladder. Date of injury appears to be xx/xx/xx. However, there are various dates of injury listed in the reports. There is one that indicated xxxx. She reportedly had surgical procedures performed in 2001 and 2002. She is on Social Security Disability, and has had persistent pain.

The patient had an initial psychological interview on September 26, 2007, and psychological testing on November 6, 2008. The result of that testing was a recommendation for a chronic pain program of 30 days duration.

It appears that the patient also had an epidural steroid injection on October 13, 2008, with a positive response and a recommendation for further injections.

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

The patient does not meet a number of the ODG criteria for admission to an outpatient multidisciplinary pain program:

1. It appears that other injections are being planned for treatment of her pain, and, thus, she is not at a tertiary level.
2. The patient is on Social Security Disability. There is not an adequate assessment of her motivation to return to work as some documentation indicates that she does not think she will be able to return to work with her health conditions.
3. The negative predictors of success outlined in the ODG criteria have not been adequately addressed in the initial evaluation.
4. The submission is for a 30 day program. There is no rationale included as to why a 30 day program is medically necessary, when the recommended duration of programming per ODG is 20 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)