

**DATE OF REVIEW:** 06/28/09

**IRO CASE #:**

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

Ten additional sessions of a chronic pain management program as related to the lumbar spine

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified Neurologist and Pain Specialist, Fellowship trained in Pain Management

**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. Case assignment
2. Letters of denial and case reviews dated 04/22/09 and 05/18/09, including criteria used in the denial.
3. Interdisciplinary chronic pain program treatment notes from 09/10/08 through 05/17/09

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

This claimant sustained a work-related injury on xx-xx-xx. The claimant has undergone treatment with various medications including short-acting opioids, anti-inflammatory medications, muscle relaxants, as well as a tricyclic medication. He has undergone work hardening and did undergo twenty sessions of a chronic pain management program during which there was apparently some improvement in physical demand level and some indication via progress notes that the claimant may have had some reduced intake of pain medications. Notes from the chronic pain program seem to support that this claimant was participating in a satisfactory manner and was compliant with the treatment program. An additional ten sessions has been requested in order to complete a 30-session course and to try to continue functional improvement.

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

Given that this claimant has participated well in the program and has been compliant with the various aspects of treatment, I believe that it is medically reasonable and necessary for him to complete the ten additional sessions of the chronic pain program in order to help facilitate further recovery. I believe the claimant has put forth adequate effort thus far and has shown good faith in

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trying to achieve certain goals, and, therefore, should be given the benefit of the additional sessions in the hopes for further recovery.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.)
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