



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 10/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of a chronic pain management/work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., in private practice for approximately thirty years, a Designated Doctor for Workers' Compensation Commission since its initiation and assigned to Medical Quality Review Panel, advanced certification in Manipulation Under Anesthesia, Peer Review, and Sports Medicine

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:

Approximately 495 pages of documents which included but were not limited to:

1. Thirteen copies from Therapeutics of a letter of medical necessity, two pages in length
2. Two copies of a Medical exam on 02/26/___
3. Two copies medical review dated 11/10/08
4. Letter of medical necessity, not dated, from Injury Center
5. Approximately six copies of procedure notes dated 10/01/08, eight pages in length, facility not identified
6. Nine copies of assignment of benefits dated 10/06/08
7. Three copies of twelve-page report from Injury Center dated 12/05/08
8. Two copies of a letter of medical necessity from Therapeutics dated 10/01/08
9. Thirteen copies of a DWC-73 report with no dates

10. Two copies from Kinetics dated 12/09/08, approximately nine pages in length
 11. Two copies from D.O., dated 02/25/09, two pages in length
 12. Three copies of DWC-69 dated 03/03/09, in which the patient was not at MMI
 13. Three copies of DWC-73 dated 03/03/09
 14. Three copies from M.D., Designated Doctor, dated 03/03/09, seven pages in length
 15. Five copies from Kinetics of an Functional Capacity Evaluation dated 02/02/09, nine pages in length
 16. Two copies of daily notes from Injury Center on the following dates: 01/16/09, 01/23/09, 02/02/09, 02/05/09, 02/06/09, 02/10/09, 02/12/09, 02/18/09, and 02/27/09
 17. Four copies of a work hardening summary from Injury Center dated 02/08/09, two pages in length
 18. Four copies of a work hardening summary from Injury Center dated 02/27/09, three pages in length
 19. Four copies of a work hardening program from Injury Center dated 01/11/09, three pages in length
 20. Two copies of DWC-73 form dated 04/13/09
 21. Two copies of a rebuttal from Injury Center dated 04/16/09, one page in length
 22. Two copies dated 04/05/09, one page in length
 23. Two copies from M.D., 03/24/09, which included vital signs, one page in length
 24. Two copies from M.D., 06/25/09, two pages in length
 25. Two copies from Diagnostics of an EMG dated 03/30/09, five pages in length
 26. Four copies of a report from M.D., Designated Doctor, 06/16/09, nine pages in length
 27. Two copies from M.D., which is a letter of clarification to the Texas Department of Insurance, which is dated 07/09/09, three pages in length
 28. Two pages of Pain Control dated 05/08/09, one page in length
 29. Four copies from M.D., Designated Doctor, 08/26/09, ten pages in length, stating the patient is at MMI
 30. Two copies of DWC-73 from M.D., dated 08/26/09, stating the patient is at MMI with 5% impairment rating
- Two copies of each of the following:
31. Kinetics dated 09/02/09, nine pages in length
 32. Physicians Limited, 09/18/09, 8 pages in length
 33. Imaging, MRI scan of cervical spine on 10/28, two pages in length
 34. Imaging, MRI scan of the brain dated 10/28/08, two pages in length
 35. Neurology, 11/25/08, three pages in length
 36. D.C., report on 01/08/09, three pages in length
 37. Kinetics, 12/09/08, eighteen pages in length
 38. Change Resolutions, 02/04/09, three pages in length
- Four copies of each of the following:
39. M.D., report 01/15/09, four pages in length
 40. initial interview 01/07/09, four pages in length

This summarizes a close approximation of the 495 pages of documents supplied to this provider.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a male who had a work-related injury on approximately xx/xx/xx. He was in a sitting position and stood upright, hitting the top of his head resulting in a laceration of the scalp. Since then he has reportedly had headaches, lightheadedness, nausea, and attention and concentration problems.

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

Both the Utilization Review agents and the treating physician cited the ODG in their position regarding the Chronic Pain Program. Furthermore, the utilization reviewer makes the recommendation that an exercise program be done at home consisting of aerobics and stretching supervised by a physician.. I disagree with that assessment by URA, regarding the physician's recommendations at home, and it is very difficult for a physician to supervise the treatment of stretching they are doing at home if they are not doing it at the office personally.

However, I find myself agreeing with the designated doctor and give weight to the findings of the Designated Doctor, M.D., who has seen the patient on several different visits for assessment of MRI scan and later on August 26, 2009 where a determination of MMI is given and an impairment rating is assigned;. I refer to the report of 08/26/09, specifically page nine, which states the patient's diagnosis is (1) cerebral concussion without loss of consciousness; (2) post concussion syndrome; (3) post concussion cephalgia; (4) cervical pain syndrome, chronic; (5) scalp laceration, healed; (6) left cervical radicular syndrome.

After seeing the patient, Dr. made the assessment on 08/26/09 that in accordance with the American Medical Association Guide to the Evaluation of Permanent Impairment, Fourth Edition, June 1993, that the patient had reached maximum medical improvement as of that date. He also determined that in accordance with the AMA Guides, he was at 5%, which was assessed according to cervicothoracic DRE Category II, minor impairments. Furthermore, per Chapter Four for Central Nervous System, he determined that the patient had a 0% whole person impairment rating.

When the Designated Doctor or physician assigns an impairment rating to a patient, it is understood according to the AMA Guidelines that whatever treatment is given in the future will not change the impairment by more than 3%. Based upon the diagnoses with a 5% impairment, it does not appear that work hardening would substantially change the status of the patient. By more than 3%.. Based upon the diagnoses with a 5% impairment, it does not appear that work hardening would be substantialle changing the status of the patient. I find that I must uphold the decision of the URA physician.

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.)