



## REVIEWER'S REPORT

**DATE OF REVIEW:** 09/10/09

**IRO CASE #:**

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

Ten days of a behavioral pain management program.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

The ODG Guidelines have not been met, and medical necessity has not been demonstrated for the requested services.

**INFORMATION PROVIDED FOR REVIEW:**

1. URA findings, 6/19/09 to 8/4/09
2. , office notes, 6/24/08 to 7/21/09
3. , operative notes, 1/20/08
4. , electrodiagnostics, undated
5. , psychological evaluation, 6/4/09
6. , MD, Designated Doctor Report, 4/1/08
7. , MD, office notes, 11/11/08

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

This individual sustained a shoulder injury and subsequently had surgery. He has persistent pain. Physical therapy, opiate medications, and work hardening have been provided.

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

The ODG Guidelines stipulate that the individual should be motivated to change and should be willing to wean medications that may cause dependence and should be willing to give up compensation and/or secondary gains. This criteria has not been met. Negative predictors of success should be identified and indicated how they will be addressed. Since he has not responded to a full course of work hardening, this is a significant negative predictor of success of a behavioral pain management program. This criteria has not been met.

**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.)