

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

**DATE OF REVIEW:** September 14, 2009

**IRO CASE #:**

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

10 sessions chronic pain management program to include CPT code # 97799.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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 URA include:

- Official Disability Guidelines, 2008
- , 03/25/09
- , 03/27/09, 05/05/09, 05/18/09
- , 04/16/09, 05/26/09, 07/02/09
- , 06/01/09

Medical records from the Requestor/Provider include:

- , 03/27/09, 05/18/09

### **PATIENT CLINICAL HISTORY:**

The description of services in dispute is ten sessions of chronic pain management program.

This is a xx-year-old female who sustained a work-related injury; slicing her fingers with a meat slicer. Subsequent to the accident, the patient was treated in the emergency room and referred to a plastic surgeon. There was reportedly repair of the left thumb area. Following physical therapy, the patient continues to indicate pain in the left hand region with interference of grip and strength. Her pain averages reportedly 2/10. The patient reportedly is not taking any type of pain medication.

The submitted MRI of the right hand dated March 25, 2009 reveals remote amputation and repair of the distal tuft of the right thumb, mild inflammatory change and soft tissue swelling throughout the subcutaneous fat of the thumb, small first metacarpal phalangeal joint effusion, grade I tenosynovitis and peritendinous at the extensor pollicis longus and brevis.

An EMG/nerve conduction study of the upper extremity performed on March 27, 2009 revealed impairment to the bilateral median nerves at the wrists, consistent with very mild left carpal tunnel syndrome and moderately severe right carpal tunnel syndrome. There was evidence of impairment to the left ulnar sensory nerve at the wrist, which is consistent with the diagnosis of mild left ulnar sensory mononeuropathy at Guyon's canal. There is no evidence of any focal nerve entrapment, generalized peripheral neuropathy, plexopathy, radiculopathy or central spinal stenosis.

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

There is a request for a chronic pain management program by the treating physician due to the fact that the patient is unable to return to work secondary to physical disabilities to include depression and anxiety. The reported psychological testing revealed the BDI and the BAI in the single digits.

After reviewing the information submitted, the patient does not appear suited for entrance into a chronic pain management program in accordance with the ODG Guidelines. The clinical information does not include objective documentation that previous methods of treating the chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. Therefore, the previous non-authorization is upheld.

**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)