



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/20/10

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)

ODG criteria have not been met for the requested pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA, findings, 5/25/10 to 6/23/10
3. office notes and evaluations, 8/26/09 to 6/15/10
4. BTE, FCE's 5/23/09 and 4/26/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male sustained a work-related injury on xx/xx/xx. A cervical fusion at C6/C7 was performed for a cervical fracture. Physical therapy, work hardening, and psychotherapy have been provided. There is a note that the site of pain is the upper cervical region and that facet syndrome as a diagnosis has been entertained. There is no indication that the diagnosis has been pursued.

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

ODG states that all other treatment options should be exhausted before considering a behavioral pain management program. This individual has evidence of facet-generated pain which has not been explored. Therefore, ODG criteria have not been met for a chronic pain management program.

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.)