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Notice of Independent Review Decision

**DATE OF REVIEW:** November 30, 2010

**IRO CASE #:**

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

Chronic pain management program; 10 sessions for the lumbar spine.

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

GENERAL AND FORENSIC PSYCHIATRIST  
BOARD CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

**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 Carrier/URA include:

- Official Disability Guidelines, 2008
- 10/05/10, 10/12/10, no date, 10/26/10
- Treatment Clinic, 10/11/10
- Utilization Management Referral, no date
- 10/15/10, 10/29/10

Medical records from the Provider include:

- M.D., 05/10/10
- Medical Centers, 05/11/10, 05/25/10
- Texas Workers' Compensation Work Status Report, 05/18/10, 05/25/10, 06/24/10, 08/24/10, 10/28/10
- Treatment Clinic, 05/25/10, 05/26/10, 06/03/10, 08/24/10, 10/23/10, 10/28/10
- 07/26/10, 08/02/10, 08/25/10

### **PATIENT CLINICAL HISTORY:**

The patient was lifting a box with coworkers. The grip was lost on the box and fell upon the patient, resulting in a lower back strain.

The patient was initially given pain medications and referred for physical therapy.

The patient was returned on limited duty to work.

The patient reportedly saw a back surgeon, although the notes from that evaluation are not included. They are reviewed in one of the documents which indicated that he was felt to have a herniated disc with radiculopathy.

The patient reportedly had an epidural steroid injection, which on one report was noted to be helpful.

The patient reportedly participated in work hardening and individual therapy. The amount of work hardening was not specified. He was noted to have moderate mood and anxiety symptoms that did not improve with individual therapy.

There was a request for a chronic pain management program made for ten sessions. As part of that request, there was a physical performance evaluation which revealed submaximal effort on a couple of tests. The chronic pain management program was not authorized, and is the subject of the review.

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

I concur with the carrier that the submitted documentation does not support the medical necessity by a multidisciplinary pain management program. It is not evident from the submitted records that a lower level care has been exhausted.

There is a brief review of the patient's response to individual therapy, however, not the work hardening program. It is not clear what barriers led him to not succeed to progress in that program.

There is an inadequate explanation for the discrepancies on the physical performance evaluation, as it relates to the patient's motivation for response to the programming.

**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)