



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 11/30/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

An additional ten days of a chronic 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 an additional ten days of a pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. Direct Medical, office notes, 8/3/2010 to 11/12/2010
3. Interventional Pain Management, office notes, 2/18/10 to 8/23/2010
4. Health and Medical Practices, office notes, 4/6/2009 to 1/13/10
5. MD, office notes, 6/22/2010
6. MRI, cervical and right shoulder MRI, 5/12/2009
7. MD, Ph.D., EMG, 2/23/2010
8. MD, office notes, 5/1/2009 to 6/2/2009
9. visual studies, 8/4/2010
10. Imaging, X-rays of right shoulder, 3/20/2009

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male sustained a neck, low back, and shoulder injury on xx/xx/xx. An MRI scan on 05/12/09 demonstrated a small L4/L5 herniated disc. Arthroscopic decompression and rotator cuff repair were performed on 07/30/09, and extensive physical therapy has been provided. Medications include Ultram and Aleve. He has undergone ten sessions of a behavioral pain management program in September 2010. An evaluation after completion of the program indicates modest improvement in physical capacity and minimal change in pain levels and persistent severe depression and anxiety.

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

ODG Guidelines recommend no more than two weeks of a pain management program without clear evidence of functional improvement. Additional sessions are indicated only in special cases where a program specific to the individual needs of the patient is arranged. Extensive physical therapy has been completed since the initial injury, and there has been no improvement in his functional status. Severe depression and anxiety remain, which can be treated with lesser levels of care, namely antidepressant medications. There is inadequate evidence that justifies an additional ten days of a pain management program for this individual.

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.)