



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 12/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of a 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 social worker and psychologist associated with the Pain and Recovery Clinic of North Houston provide adequate medical necessity for an additional ten days of the chronic pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. Request for preauthorization dated 9/11/09
2. Denial letter dated 10/30/09
3. Request for reconsideration dated 11/2/09
4. Denial letter dated 11/12/09
5. Letter from, MD dated 12/21/09
6. Office notes, MD dated 9/01/09 thru 10/22/09
7. Mental health evaluations , M.Ed., L.P.C. dated 8/27/09; 9/01/09
8. IRO forms
9. TDI forms

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a hand injury while employed as a kitchen worker and underwent surgical treatment followed by physical therapy. The symptoms persisted. She has undergone twenty days of a behavioral pain management program. There has been significant progress after undergoing twenty days of the pain management program, but there are pain and coping issues which remain.

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

The ODG Guidelines state that a pain management program should be limited to twenty days unless there are clear, individualized reasons for continuing the program. Specific goals should be documented along with documentation of functional limitations to justify additional treatment days. Specific functional measures should be addressed. These criteria have been met. There is specific documentation of progress made and extenuating circumstances described that justify additional sessions. There is documentation that even though significant progress has been made, there are issues sustaining another ten days of the program. The rationale is described in detail by Dr. Mayorga including the fact that she is non-English speaking, has limited education, has limited vocational options, is making continued functional progression, and still has psychological issues regarding her coping skills. There is specific documentation of reasonable goals to be achieved and a description of measures planned so she can achieve those goals. Therefore, it is reasonable to approve the additional ten sessions.

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.)