



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

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)

Medical necessity has not been demonstrated for the requested pain management program per ODG Guidelines.

**INFORMATION PROVIDED FOR REVIEW:**

Extensive records from multiple physicians including extensive denial information along with notes from treating and reviewing physicians.

1. correspondence 4/7/08
2. MD reviews by MD; MD
3. Claims history reports 2/1/08-8/26/09
4. FCEs, 2/4/08, 11/18/08, 12/3/08, 12/22/09, 1/13//09
5. Office notes, DO, 2/4/08-2/25/08
6. PT evaluation, 2/6/08
7. CT Lumbar scan, 2/11/08, 4/17/08
8. Office notes, 2/12/08-9/16/08
9. Occumed notes, 4/8/08
10. EMG/NCV 4/7/08; 5/27/08, 8/20/09

11. Lumbar myelogram, 4/17/08, 3/27/09
12. Fluoroscopic guidance, 4/30/08, 3/27/09
13. X-ray, chest, 7/28/08
14. Exam lumbosacral spine, 2/4/08, 8/6/08, 10/22/08, 3/27/09, 4/28/09
15. Injection myelography 4/17/08, 3/27/09
16. Lumbar ESI 4/30/08,12/16/09
17. Decompression L L2 nerve root, 8/6/08
18. Injection epidural, 12/16/09
19. DME: walker folding, form fitting conductive garment, NMS, DME, lumbar orthotic
20. Behavioral medicine consultations, MA, LPC, 5/9/08-7/2/08
21. Consultation, MD, 6/4/08
22. Consultation, MD, 6/23/08
23. Office notes, MD, 12/22/08-6/15/09
24. Office notes, MD, 3/2/08
25. Office notes, Dr. 6/2/08
26. IME, 7/10/08
27. Exams, lumbosacral spine, 2/4/08, 8/6/08, 10/22/08, 3/27/09, 4/28/09
28. Psychotherapy notes, Nicole Mangum, PhD, 6/8/08-1/29/10
29. CT scan lumbar spine, 2/11/08
30. PPE, 11/18/08, 12/22/09
31. Consultation, MD, 1/12/09
32. DDE, MD, 7/10/08
33. MMI/IR, DC, 9/14/09
34. DDE, MD, 9/23/09
35. Office notes, MD, 4/28/09-11/24/09
36. Office notes, Pain Group, 6/30/08-11/24/09
37. Examination, MD, 10/20/09
38. Consultation, DO, 12/22/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a back injury on xx/xx/xx. He had previous back surgery and to date has had a total of eight lumbar surgeries including L5/S1 fusion. There is a prior history of psychological issues. EMG shows left L3 and L5 radiculopathy. The last surgery was on 08/06/08.

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

The ODG Guidelines stipulate that negative predicative factors should be addressed.

This individual has had eighteen sessions of individual therapy and twenty sessions of work hardening, and there is a significant history of pre-existing psychological issues. This is a negative predictor of success for a behavioral pain management program. ODG also stipulates there should be no other treatment options.

**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.)