



Amended May 11, 2010

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/29/10

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. MD, office notes, 3/3/10 to 4/21/10
3. LPC, office notes, 2/23/2010
4. URA findings, 3/8/2010
5. Testing, FCE, 2/23/2010

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

This female sustained a low back and leg injury on xx/xx/xx. EMG study shows possible left L4/L5 and L5/S1 radiculopathy. MRI scan shows grade 1 anterolisthesis of L4 on L5 with foraminal narrowing. Epidural steroid injections, physical therapy, individual psychodepressants, and antidepressants have been utilized.

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

ODG criteria for a chronic pain management program requires that there are no alternative treatment measures available. She has had components of a pain management program including physical therapy and psychotherapy, so it is not reasonable to repeat similar modalities. Medical necessity has not been demonstrated for ten days of 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.)