



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

Chronic pain management program 5 x 2 weeks / 80 hours

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C. with eighteen years of experience with emphasis on therapeutic rehabilitation

**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 met in this case. The injured employee has undergone extensive treatment including surgery and has met the pre-injury PDL of sedentary. The injured employee has been off work for approximately three years and is unlikely to make significant functional gains based on the materials presented for review.

**INFORMATION PROVIDED FOR REVIEW:**

1. 04/01/10, fax from TDI to xxxxx, assignment of case, one page
2. 04/08/10, fax from P.C., request for IRO, nine pages
3. 03/23/10, denial of request for ten sessions of chronic pain management, four pages
4. 03/31/10, denial of appeal for chronic pain management, ten sessions, two pages
5. 04/08/10, notice to xxxxx of case assignment, one page
6. 04/08/10, xxxxx, fax cover request for , one page
7. 04/08/10, TDI notice of assignment of IRO, one page
8. 03/25/10, xxxxx, letter of appeal for chronic pain management program, eighteen pages
9. 05/22/08 through 03/25/10, xxxxxx office notes and evaluations, 88 pages

10. 07/08/08 through 01/19/10, Impairment and Functional Assessment Testing Center, nineteen pages
11. 07/07/09, operative report, two pages
12. 04/13/10, letter of representation for, two pages
13. Undated, ODG Pain Procedure Guidelines, three pages
14. 03/22/10, Physicians Limited, review, five pages
15. 04/29/07 through 09/21/07, Clinic notes, fifteen pages
16. 07/06/07, EMS, MRI scan pelvis, one page
17. 10/11/07, x-ray report, cervical spine, one page
18. 10/12/07 through 10/20/08, Institute, records and prescriptions, 31 pages
19. 10/25/07, notification of benefit payment, one page
20. 02/06/08 through 08/29/08, notice of disputed issues and refusal to pay benefits, two pages
21. 04/29/07, , notification of reinstatement of indemnity payments, one page
22. 02/22/08, fax questionnaire, one page
23. 03/26/08 through 04/07/08, Physical Therapy, one page
24. 03/31/08 through 06/30/09, impairment rating by M.D., ten page
25. 03/26/08 through 06/22/09, Beck's questionnaire, eight pages
26. 04/15/08, notice of suspension of indemnity benefit payment, one page
27. 05/15/08, TDI request to change treating doctors, one page
28. 06/02/08, letter of medical necessity, repeat MRI scan of lumbosacral spine, five pages
29. 06/04/08, notification of first temporary income benefit payment, one page
30. 06/04/08, Physicians Stand-Up MRI, one page
31. 06/05/08 through 06/25/08, exercise flow sheet, one page
32. 07/08/08, xxxxx, one page
33. 07/23/08 through 09/15/08, xxxxx psychiatric evaluation, six pages
34. 08/21/08, xxxxx, lumbar spine x-ray with flexion and extension, two pages
35. 10/02/08, office records, two pages
36. 12/10/08, xxxxx, two pages
37. 02/04/09 through 11/16/09, xxxxx, P.A., fourteen pages
38. 02/17/09 through 01/13/10, Imaging referral form and report, four pages
39. 04/13/09 through 08/28/09, xxxxx, fourteen pages
40. 06/22/09 through 07/08/09, xxxxx, 33 pages
41. 07/07/09, xxxxx, four pages
42. 07/07/09, physicians orders, two pages
43. 09/15/09 through 10/06/09, aquatic therapy and rehabilitation notes, two pages
44. 10/28/09 through 03/08/10, Associates, fourteen pages
45. 11/18/09, xxxxx Center, ten pages
46. 12/02/09 through 01/15/10, medical progress notes, five pages

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

The injured employee was climbing an escalator, which was stopped, and fell forward. While attempting to get up, the injured employee fell backwards, suffering further injury. The patient underwent x-rays, MRI scans, EMG/NCV, FCE, epidural steroid injections,

surgery, physical therapy, chiropractic care, medication management, and Designated Doctor Evaluation. The injured employee has been off work, returned to work, and removed again. The injured employee has no job to return to. The injured employee was injured in xx/xx. The treating doctor has requested a chronic pain management program, which has been denied by the carrier.

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

The injured employee was functioning as a xxxx when the injury occurred in xx/xx. The patient has had conservative and invasive therapy along with appropriate testing and medication management. The initial PDL was sedentary, and the patient's current FCE shows function at sedentary. In accordance with the ODG and eighteen years of practice primarily in the area of rehabilitative therapy, I do not see a great likelihood of significant functional gain for this injured employee. The injury occurred almost three year ago (within a few days). The injured employee had postoperative physical therapy and is currently functioning at the pre-injury PDL. Medical necessity has not been met.

**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.)