



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90 hours of behavioral 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 been demonstrated for 90 hours of a behavioral pain management program. See below for explanation.

INFORMATION PROVIDED FOR REVIEW:

1. Denial information
2. Notes from Dr. and Dr.
3. Patient's letter

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female sustained a low back injury on xx/xx/xx. After failure of conservative care, an L3/L4 fusion was performed on 04/20/09. There is significant pain, anxiety, and depression remaining in spite of medications. She underwent 72 hours of a pain management program elsewhere but discontinued the program.

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

The ODG criteria were met for the initial pain management program, which was approved by the insurance carrier. The patient was unhappy with the program since her medications were rapidly weaned, and no other options were presented to her. She did not complete this program.

The documentation from Dr. and from the patient indicates that she is motivated to participate in the PRIDE behavioral program. All of the ODG criteria are met for this program, including a motivation to change and a desire to return to work. Therefore, it is reasonable to approve the PRIDE 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.)