



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 10/04/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of chronic behavioral pain medicine 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 ODG criteria have not been met for ten days of a chronic pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. URA findings, 8/20/10 to 9/15/10
2. 10-15-2009 to 9/9/2010
3. Technologies, PPE, 8/13/2010
4. DO, office notes, 8/17/2010
5. MD, designated doctor report, 7/8/2010

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a work-related injury where she fell from a ladder on xx/xx/xx. Low back and pelvic pain resulted. Extensive physical therapy was provided along with medication and injections. She underwent unrelated right shoulder surgery on 08/06/09. Extensive psychological evaluations were carried out. Her past history is significant for bipolar disease. She had previously been treated with Lithium but was not taking

psychotropic medications at the time of the injury. There is an extensive psychological history including family abuse. An MMPI noted the patient was apt to exaggerate symptoms, and she was depressed.

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

ODG states that negative predictors of success should be addressed prior to a pain management program. This individual has significant negative issues which render the success of a behavioral pain management program unlikely. Significant bipolar disorder that is currently untreated and long-standing family abuse issues are major negative predictors of success of a pain management program. It is not reasonable to provide ten days of behavioral 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.)