



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/16/10

**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)

The medical necessity has not been demonstrated for an additional ten days of a chronic pain management program.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. HDI, URA findings, 8/18/10 to 9/1/10
3. Injury Center, office notes, 8/21/09 to 5/10/10
4. FCE, 2/25/10 to 4/1/10
5. DC, office notes, 2/25/10 to 4/1/10
6. MD, designated doctor findings, 2/5/10

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

This is a male who sustained a work-related injury on xx/xx/xx. A T12 compression fracture occurred. Physical therapy with 14 sessions and psychotherapy for 6 sessions

were provided. An EMG in September of 2009 was unremarkable. He has also had 10 sessions of work hardening. A functional capacity evaluation in April 2010 indicates medium PDL. Medications were recently increased to include Norco, Elavil and Zanaflex. He has participated in 10 sessions of a chronic pain management program.

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

ODG require significant improvement after 10 days of a pain management program to justify an additional 10 days. There has been minimal improvement in his exercise capacity, no change in pain, and no change in other parameters. Pain medications have been increased. ODG have not been met for an additional 10 days of a 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.)