



Southwestern Forensic  
Associates, Inc.

Amended September 14, 2010

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/08/10

**IRO CASE #:**

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

Additional ten days of 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 ODG Guidelines have not been met for an additional ten days of pain management program.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI referral
2. URA findings, 3/25/10 to 7/27/10
3. MD, operative notes, 3/17/10
4. MD, office notes, 12/3/09 to 7/28/2010
5. Ph.D., office notes, 12/28/09 to 7/22/10

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

This individual sustained a knee injury on xx/xx/xx. Multiple surgeries have been performed with significant complications including postoperative infections. A total knee arthroplasty has been performed, and diagnosis of CRPS was proposed. Numerous modalities have been utilized, including a spinal cord stimulator trial, and currently an implanted intrathecal catheter and pump delivery system are in place. Ten days of the pain management program have been completed.

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

As per ODG criteria number five, an evaluation by an addictionologist was requested to determine if addiction is present. This has not been performed. Medications through the intrathecal catheter and implanted pump have been increased. This criteria has not been met. Criteria ten also has not been met. There has been minimal improvement after the first ten days of a pain management program. The ODG have not been met for an additional ten days.

**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.)