



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/29/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program, 6 days

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 authorizing six sessions of a functional restoration program.

INFORMATION PROVIDED FOR REVIEW:

1. URA findings, 2/15 to 2/23/11
2. Clinic office notes, 6/30/09 to 2/25/11
3. Clinic office notes, 3/9/09 to 2/7/11
4. Clinic office notes, 2/5/09 to 8/26/10
5. Lumbar MRI, 3/31/08
6. Lumbar MRI, 2/4/2004

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual was injured in a XX-foot fall on XX/XX/XX. Back pain, ankle fracture, and left shoulder injury resulted. Back pain is persistent. An MRI scan shows L2/L3 and

L3/L4 herniated disc with instability at L3/L4 and L4/L5. Epidural steroid injections, physical therapy, TENS unit, and four days of a functional restoration program have been provided. The functional restoration program was approved for ten sessions but was interrupted by surgical removal of pins in the ankle.

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

ODG Guidelines endorse ten sessions of a functional restoration program. Since ten sessions have been approved, it is reasonable to complete the remaining six sessions. ODG are met to complete the remaining six days of the functional restoration 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.)