



Southwestern Forensic  
Associates, Inc.

Amended April 12, 2011

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/06/11

**IRO CASE #:**

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

Ten sessions, eight hours per day, of a behavioral 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)

Medical necessity has not been demonstrated for the requested pain management program.

**INFORMATION PROVIDED FOR REVIEW:**

1. URA findings, 2/9/11 to 2/24/11
2. ODG guidelines
3. MD, Designated Doctor report, 12/10/10
4. MD, RME, 11/5/10
5. Healthcare Systems, office notes, 1/15/11 to 1/26/11
6. DO, office notes, 8/5/10 to 9/3/10

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

This female sustained a low back injury on xx/xx/xx. Conservative care including medications and injections were performed. A work hardening program has been

completed. There is mild depression and anxiety but no indication that the individual is interested in returning to work. A Required Medical Examination on 11/05/10 recommended a home exercise program and no further treatment. On 12/20/10, MMI was established with 0% impairment rating.

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

ODG require that negative predictors of success be addressed. This individual did not improve after a multidisciplinary work hardening program, and there is no indication that she is interested in returning to work. ODG have not been met for the requested procedure.

**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.)