



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/06/11

**IRO CASE #:**

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

Ten sessions of chronic pain management program

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Physical Medicine and Rehabilitation

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. IMO URA findings, 9/8/10 to 12/8/10
3. Med Care, office notes and CPMP notes, 5/17/10 to 12/3/10
4. MD, ESI, 8-9-10
5. Applied Assessments, IRO report, 10/14/2010
6. MD, impairment rating, 9/24/2010
7. MD, peer review, 4/7/10 and 9/16/10

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

This patient is a right-handed gentleman who was injured at work on xx/xx/xx. He was cutting straps to a pipe when the pipe suddenly struck him in the face, causing multiple facial lacerations and a nasal fracture. The force of this injury caused him to fall onto the ground onto metal. He subsequently sustained injuries to his cervical and lumbar region as a result of this fall. He was seen several days after the injury by, M.D. He was diagnosed with a cervical facet syndrome and a lumbar sprain/strain. A cervical MRI

scan was reported to show a disc herniation at C5/C6, and a lumbar MRI scan was reported to show a disc bulge at L4/L5. He was seen by an ENT specialist, and his facial lacerations were sutured, and his nasal fracture was repaired. Apparently his facial injury healed, and he was placed at maximum medical improvement by his ENT physician with a 0% impairment. He continued to have complaints of cervical pain and low back pain. Treatment included both anti-inflammatory medication and narcotic medications, physical therapy, and psychotherapy for continued pain and functional deficits that kept him from working along with secondary depression and anxiety. He had a right C6/C7 cervical epidural steroid injection done in August 2010. Dr. and the patient received, twenty sessions of a comprehensive pain management program, which was initially started in May 2010. There were two separated ten-session programs. The second session was completed at the end of October 2010. At the end of the second ten-session pain management program, Dr. was requesting an additional ten sessions for this program.

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

The documentation provided from his pain management program does not show a significant decrease in pain, anxiety, or increase in coping skills. There was a slight increase in his lifting capacity, but he still remained at the medium work level.

According to the ODG Pain Chapter, the documentation from his pain management program does not support extending the pain management program past twenty days. There are no specific goals that would justify continued treatment in this 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.)