



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 04/27/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychosocial screening, code 96101

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 per ODG for the requested services.

INFORMATION PROVIDED FOR REVIEW:

1. URA findings, 3/28 to 4/6/11
2. MD, office notes, 11/4/10 to 3/17/2011
3. DC, office notes, 7/14/10
4. MD, Designated Doctor Exam, 6/10/10
5. MD, EMG/NCV, 8/17/10
6. Memorial MRI, Lumbar MRI, 3/15/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained an injury on xx/xx/xx and has back and right leg pain. MRI scan demonstrates multilevel bulging discs. EMG studies are unremarkable. After failure of physical therapy and medications, an epidural steroid injection was performed, which was not helpful. Medications are ongoing. A behavioral medicine evaluation was

performed on 08/18/10, which did not reveal psychosocial issues contributing to ongoing pain complaints.

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

Per ODG, psychosocial screening is indicated to determine if psychosocial issues are pre-existing or are resulting from the compensable injury and to plan for additional treatment. This individual had a behavioral medicine evaluation, which did not reveal psychosocial issues. There is no mention in the note that psychosocial issues are present. The individual has primarily low back pain after an injury, and there is no documentation of concomitant psychosocial issues. ODG are not met for psychosocial screening.

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.)