



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 10/10/11

**IRO CASE #:**

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

Ten days of a 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 ten days of a chronic pain management program.

**INFORMATION PROVIDED FOR REVIEW:**

1. URA notes, 7/25 to 9/7/11
2. office notes, 3/4/11 to 9/22/11
3. USEC, PPE findings, 6/7/11
4. DO, office notes, 6/29/11

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

This individual sustained a lifting injury on xx/xx/xx resulting in abdominal and back pain. The claimant underwent an inguinal hernia repair on 08/26/10. There is persistent back pain. Diagnosis is lumbar disc displacement. An MRI shows facet degeneration and disc bulging; no frank herniation or impingement is described. Primary pain is in the low back. Individual psychotherapy, work hardening, and antidepressants have been

utilized. His depression and anxiety parameters are mild to moderate, and the pain remains 4/10.

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

To approve a behavioral pain management program, ODG require lack of improvement from other treatment modalities. This individual has improved after psychotherapy and work hardening. ODG also state that there should be no other treatment options. This individual has primary back pain. There is facet degeneration on MRI scan. There is no indication that the injured worker has been evaluated and treatment for facet syndrome. ODG are not met for the requested ten-day pain management 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.)