



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/26/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional ten days (80 hours) of a behavioral 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 an additional 80 hours of a pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. URA notes, 7/15/11 to 8/3/11
2. Medical Care, office notes, 3/10/10 to 7/27/11
3. URA finding, 4/5/10
4. MD, EMG, 6/23/10 and 7/14/10
5. Hospital, X-rays, 1/12/10
6. MRI, lumbar, cervical, right elbow MRI, 4/21/10 to 5/13/10
7. Health, Cervical MRI, 6/24/10
8. Neurology, EEG, 9/21/10
9. Hospital, CT/Myelogram, 12/14/10
10. MD, peer review, 2/15/11

- 11. MD, office notes, 6/7/10 to 1/6/11
- 12. MD, office visit, 1/12/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a fall on xx/xx/xx and has pain in the neck, chest, right elbow, low back, and pelvic region. Physical therapy and medications have been utilized. He has undergone ten days of a behavioral pain management program in April 2011.

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

ODG require evidence of significant functional gains from the initial ten days of a pain management program to endorse an additional ten days. There has been no functional improvement. ODG are not met for continuing the 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.)