



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/18/12

**IRO CASE #:**

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

Eighty hours 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)

The ODG are not met for the requested program.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. URA findings, 12/19/11 to 12/28/11
3. office notes, 11/22/11 to 1/3/12
4. Medical Clinic, FCE, 12/12/11
5. MD, RME, 12/16/10
6. ODG Guidelines

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

This claimant's date of injury was xx/xx/xx. He has persistent low back pain by multiple diagnostic measures. He has had chiropractic care, physical therapy, a TENs unit, opiate medications, surgery x5, injections, and individual psychotherapy.

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

The appeal by Dr. has significant errors. In listing ODG, Dr. states that the claimant's physical capacity does not meet work requirements. The Functional Capacity Evaluation states that the claimant is capable of heavy strength activity, which meets the job description of pipefitter.

There is no indication that this claimant has motivation to change.

There is a statement that the time of disability is less than two years. This claimant's injury is fourteen years old. Another negative predictor is not addressed. This claimant is on potent opiates including Opana and Norco. There is no indication that he is willing to give up these medications. Another negative indicator is elevated pain levels. This claimant has pain up to level 8 on a scale of 0/10.

The ODG states that other modalities should be exhausted prior to considering a pain management program. There is no indication that antidepressant medications have been utilized to treat the claimant's anxiety and depression.

Due to the above issues, the ODG are not 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.)