



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/27/12

**IRO CASE #:**

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

80 hours of a behavioral 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 been demonstrated for the requested 80-hour pain management program

**INFORMATION PROVIDED FOR REVIEW:**

1. URA findings, 1/10/12 to 1/26/12
2. office notes, 1/4/12 to 2/9/12
3. office notes, 12/1/11
4. FCE, 12/1/11
5. office notes, 9/15/11 to 12/19/11

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

This individual sustained a low back lifting injury on xx/xx/xx. Physical therapy, injections, hydrocodone, Soma, Motrin, and Cymbalta have been utilized. note states that there is an ongoing S1 radiculopathy, neurological deficit, symptoms in the S1 dermatome, and correlation on MRI scan. Surgery was requested and denied.

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

It is unclear why surgery was denied. It appears that ODG are met for surgery, but that is not the issue at hand. Since surgery was denied, there are no other treatment options. The ODG for a pain management program have been met. There is nothing else available. There is significant limitation in function. There has been appropriate evaluation. Treatment plan is reasonable and meets ODG.

**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.)