



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: August 24, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program, five days per week for two weeks.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

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, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated per ODG for the requested Chronic pain management program, five days per week for two weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. referral information
2. Denial information
3. Office notes, 6/18/12
4. Office notes, 10/19/10-5/7/12
5. Office notes, 11/10/11
6. Response to denial letter, 6/29/12
7. RME 12/2/05
8. Treatment plan, 7/10/12
9. BHI2, 6/15/12
10. FCE, 5/7/12
11. MRI, 5/18/06, 5/3/11
12. CT scan, 5/20/10

13. Operative reports, 1/21/04, 1/31/05, 4/7/06
14. Rx history
15. Notes, pain management program, 2004
16. Letter from 8/7/12
17. Case management note, 1/19/12
18. Office notes, 4/14/11
19. Office notes, 2/9/12
20. Request for reconsideration, 2/1/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured on. Low back pain resulted. Extensive therapy was provided including injections, physical therapy, and multiple surgeries including an L3 through S1 fusion. Arachnoiditis was diagnosed by MRI scan in 2006. He has residual right foot drop. In addition to medications, four weeks of work hardening was provided in 2005, and fifteen sessions of a chronic pain management program were completed in 2004.

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

ODG do not endorse repeating a behavioral pain management program. There was little progress achieved after the program in 2004. The appeal mentioned that additional surgeries were performed after the pain management program. The goal of pain management program is to educate the individual regarding chronic pain issues and to afford him the tools to cope with chronic pain. This is a one-time event, and repeating a pain management program is not endorsed by ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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.)