

Notice of Independent Review Decision
November 26, 2007

DATE OF REVIEW: 10/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PSOAS/PVLSB (lumbar paravertebral sympathetic plexus procedures)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified by American Board of Anesthesiology

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree) The above-named procedure in dispute is medically necessary in this case.

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. URA documentation, letters of denial & guidelines utilized in the denial:
 - a. ODG-TWC, Clinical Practice Guidelines
 - b. Essentials of Physical Medicine/Rehab. 1st ed.
 - c. Pain Management
3. Pain management treatment documentation and radiology report: 06/28, 07/26, 08/05, 08/29, 09/18/2007

INJURED EMPLOYEE CLINICAL HISTORY:

The patient is a xx-year-old female with a history of a fifth metatarsal fracture dated xx/xx/xx. The patient underwent surgical intervention with persistent low back with radiating right lower extremity and foot pain. This led to a series of lumbar sympathetic plexus blocks dated 04/28/06, 05/08/06, and 08/15/06. The first block provided 25% relief for two to three weeks. The second block provided 50% relief for one day, and the third block provided 100% relief for two hours. The radiating right foot pain persists with numbness, allodynia, cyanosis, coolness, and mottling. The patient is on a regimen of Baclofen, Cymbalta, Topamax, tramadol, Reglan, and Tylenol. She has been enrolled in a pain management program.

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

The patient has clearly evolved into a reflex sympathetic dystrophy/complex regional pain syndrome from the original injury and intervention. The results of the initial sympathetic lumbar blocks were equivocal but suggest a sympathetic mediation to the patient's pain syndrome. There is modest evidence to support the performance of lumbar sympathetic blocks for complex regional pain syndrome for diagnostic as well as therapeutic reasons. There is literature support for the use of a short series, usually two to three but up to three to six blocks, as long as the results are progressively positive.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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: "International Research Foundation for RSD/CRPS, Clinical Practice Guidelines, Third Edition," dated 07/07/07; "Reflex Sympathetic Dystrophy Syndrome Association, Complex Regional Pain Syndrome: Treatment Guidelines", Milford, Connecticut, June 2006, 67 pages.