



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: January 12, 2007

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar sympathetic blocks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified Physical Medicine and Rehabilitation, as well as certified in Pain Management.

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)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed notes beginning 03/15/2007. This individual apparently sustained an injury to his right ankle on or about xx/xx/xx, and on 01/06/2006 underwent surgical exploration of right posterior tibialis tendon and repair of the retinaculum. He had ongoing physical therapy according to the physical therapy note of dated 03/15/2007. The pain diagram shows pain in the anterior and posterior aspect of the right ankle and dorsum of the right foot and portion of the plantar surface of the right foot.
2. On 03/11/2007 he saw Dr. who had diagnosed him with a grade 1 posterior tibial tendonitis with tenosynovitis.
3. On 05/25/2007, Dr. saw him and diagnosed him with chronic right ankle pain status post posterior tibial tendon repair status post failed physical therapy.
4. On 07/30/2007, he had his first of three right side lumbar sympathetic blocks by Dr.. Following the first injection, it was noted that he had 30% to 40% improvement. The second injection was performed on 08/21/2007. On 10/05/2007, he had his third injection at which point in time he had not discussed the percentage of perceived improvement, other than just to say “some improvement.”

5. On 10/26/2007, he was noted to have at least a 30% to 40% improvement of his pain. During this same timeframe that he was receiving the injections, his medications were being adjusted with increases of Lyrica. There has been no contemporary physical examination.

ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The clinical history is not well chronicled in this file, other than to state that there was an on-the-job injury to the right ankle on xx/xx/xx when he stepped on the floor, standing, and twisted his ankle. From there he went on to have physical therapy, surgery and more therapy, and then three lumbar sympathetic blocks. He at one point had an EMG on 11/30/2006 showing conduction block along the medial and plantar nerves.

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

There has been no contemporary physical examination to confirm or refute the presumed diagnosis of a complex regional pain disorder II. Specifically there has been no documentation of vasomotor instability, hyperpathia, allodynia or any dystrophic changes. He may be having regional ankle pain due to the surgical procedure and the post surgical inflammatory process, which may also have responded somewhat to these sympathetic blocks. Lacking a confirmation of diagnosis of a complex regional pain disorder with a contemporary physical examination, difficult to endorse ongoing sympathetic blocks, particularly since the amount of improvement has not been dramatic. It would certainly be helpful if there had been a remarkable turn around in symptomatology immediately after the blocks. For instance if the limb was cold, as is typically seen with a complex regional pain disorder, and warmed up immediately after the block, this helps to confirm the diagnosis, but the records are lacking in that regard.

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.)