



## REVIEWER'S REPORT

**DATE OF REVIEW:** 03/20/08

**IRO CASE #:**

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

Lumbar sympathetic block.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

X  Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. I reviewed notes from Care Center. There is an x-ray report read by Dr. X-rays of the thoracic spine show degenerative changes. X-rays of the lumbar spine show extensive degenerative changes. X-rays of the right hip were normal. X-rays of the right ribs showed no evidence of fracture.
2. I reviewed notes from Dr. when the injured employee was complaining of severe low back pain. He was diagnosed with internal disc derangement of the lumbar spine as well as with lumbago.
3. On 09/30/02 he was sent to Dr. for a surgical opinion.
4. I reviewed a procedure note from 12/14/02, which was a surgical procedure. The surgery was an L4 and L5 laminectomy with partial S1 laminectomy and posterior fusion from L4 to S1 with cage and bone grafting.
5. I reviewed subsequent followup notes from Dr.
6. I reviewed a 01/22/03 MRI report from Dr.. The impression was “postoperative seroma for injecting posterior to the thecal sac at L4/L5, which is described as extending from side to side beyond the pedicular screws, which are in excellent

position and alignment, fusion cages at L4/L5 with no evidence of recurrent disease or discitis.”

7. There were additional progress notes after this by Dr. On 06/20/03 x-rays showed the fusion to be solid. He was taking Lortab, Ambien, and using Lidocaine cream and Topamax.
8. I reviewed an x-ray report of 10/09/03 from Dr. pertaining to a needle placement for injection.
9. On 10/09/03 Dr. performed a right-sided lumbar sympathetic block. It was felt he had causalgia of the right lower extremity. The lumbar sympathetic block relieved all of his back pain and right lower extremity hypesthesia and pain for one week, but then the symptoms returned per his note on 10/22/03.
10. On 11/08/03 he had another lumbar sympathetic block by Dr.
11. On 12/16/03 he had a lumbar sympathetic rhizotomy by Dr.
12. X-rays on 12/28/03 by Dr. showed the fusion of the lumbar spine.
13. He had a one week of relief from the sympathetic block as reported in the 12/29/03 report of Dr.
14. On 05/13/04 Dr. indicated that he had had four lumbar sympathetic blocks, all of which helped him.
15. There was a 07/23/04 CT scan report of the lumbar spine showing no herniated disc or spinal stenosis but a widened epidural space at L5/S1.
16. I reviewed a 07/23/04 myelogram report showing postoperative changes from L4 to S1.
17. I reviewed an 08/06/04 report from Dr. as well as notes thereafter.
18. On 04/30/07 Dr. indicated the spinal cord stimulator and Neurontin and Lortab were keeping his back pain at an acceptable level.
19. I reviewed a 01/18/08 note from Dr. indicating the examinee had hypersensitivity to touch about the right anterior and lateral thigh with increased temperature and redness as well as abnormal swelling over the area with painful range of motion and increased pain with direct pressure.
20. ODG Guidelines were not presented for review.

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

This injured employee is a male who reported a back injury. He went on to have extensive interventional therapy including therapies, injections, medication, multilevel fusion of the lumbar spine, as well as dorsal spinal column stimulator. He derived a modicum of relief from all of these including pharmacological agents, but the pain persists. He has derived some benefit, albeit rather short-lived from prior sympathetic blocks. The pain has persisted to the point that there are very few therapeutic options left for him. According to the last note from Dr. he does meet the criteria for a complex regional pain disorder, which is rather complex in diagnosis because not all cases appear exactly the same. He does, however, have not only symptoms of hyperpathia and allodynia as well as swelling and discoloration, but he has also had a favorable response with prior lumbar sympathetic injections.

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

I believe that he is a candidate for repeat lumbar sympathetic block at this time for the reasons noted above. Specifically, he meets the definition of a complex regional pain disorder and has had a favorable response to the sympathetic block in the past, helping to confirm a sympathetic component to his pain complaints.

**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 judgement, 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.)