



Specialty Independent Review Organization

DATE OF REVIEW: 11/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a set of 3 right lumbar sympathetic blocks.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This physician also performs this service in his practice and has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination.

We did receive a copy of the ESI portion of the ODG from Carrier/URA.

PATIENT CLINICAL HISTORY (SUMMARY):

This gentleman injured himself while on the job in xx/xx. He has lumbar and right greater than left leg pain. The most recent clinical examination reveals lumbar paraspinal spasm, limited AROM, antalgic gait, limited right ankle AROM, edema and discoloration as well as allodynia upon palpation.

He is on amitryptiline, Lortab, Lyrica, Restoril and a Duragesic patch. He has undergone insertion of a spinal cord stimulator as well as lumbar sympathetic blocks on the right on 7 occasions. Dr. is requesting the lumbar sympathetic blocks (x3) on the right and this is being denied by the carrier. Dr. proposes this to be a diagnostic as well as a therapeutic maneuver.

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

According to the ODG, the following criteria are necessary for the medical

necessity of a lumbar sympathetic block. This procedure is recommended as useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. The injection should be followed by an intensive physical therapy program.

The reviewer notes that the problem with this case is that CRPS I has already been verified based upon clinical examination, as well as review of response to previous lumbar sympathetic blocks times 7. The utilization of this procedure as a diagnostic tool is therefore moot.

Therefore, the reviewer believes this to be a therapeutic maneuver. There is no documentation that an intensive physical therapy program or functional restoration program is to be used in combination with this injection. Therefore, as per the ODG, this procedure is not medically necessary without the aforementioned rehabilitation program.

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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**