

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/04/08

**IRO CASE #:**

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

Sympathetic nerve block.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon, with extensive experience in the evaluation and treatment of patients with postoperative knee pain

**REVIEW OUTCOME:**

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

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Upheld</i>

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial 08/01 & 08/13/2008, including criteria used in the denial (ODG)
3. Orthopedic evaluation 04/02/07
4. H&P 04/30/07
5. MRI lower extremity joint w/o contrast/left 02/13/08
6. Operative report, anesthesia record – left total knee arthroplasty & application of platelet gel aggregate 05/14/08
7. Physical therapy routine visit 06/13/08
8. Orthopedic daily note 07/09/08

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

This now xx-year-old female has suffered left knee pain subsequent to an on-the-job injury in xx/xx. She was initially treated non-operatively. Subsequently she underwent arthroscopic surgery. She then underwent total knee arthroplasty. She has had ongoing pain complaints subsequent to that procedure. Her most recent office evaluations have included anterior knee pain radiating periodically into the anterior thigh and distally.

The patient underwent femoral nerve blockade and pain catheter insertion for postoperative pain management after the total knee arthroplasty. The treating doctor believes the patient's current pain complaints are a form of complex regional pain syndrome or reflex sympathetic dystrophy. He also believes there is a possibility of residual femoral neuritis, which may have been initiated by the indwelling femoral nerve catheter. He has requested sympathetic nerve blocks as a possible treatment for complex regional pain syndrome, or as a diagnostic procedure to evaluate for the possibility of femoral nerve neuralgia. In either case, the request for sympathetic blockade has been denied and is now appealed.

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

The presence of chronic regional pain syndrome/reflex sympathetic dystrophy or femoral nerve neuralgia has not been established. The only persistent symptom is anterior aspect extremity pain. Sympathetic nerve blocks are not recommended in the ODG Guidelines except under specific circumstances where the

diagnosis has been established as complex regional pain syndrome or sympathetic dystrophy and other forms of treatment have failed to relieve the symptoms. At the present time, denial of request for sympathetic nerve block should be upheld.

**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, 2008, Pain Chapter, Sympathetic Pain Blocks passage.
- 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.)