

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right lumbar sympathetic block.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for right lumbar sympathetic block.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/20/08, 9/10/08
ODG Guidelines and Treatment Guidelines
Pain Medicine, MD, 8/11/08, 9/10/08, 8/13/08, 9/2/08
Medical Services, 9/15/08
8/21/08, 9/3/08

MRI of the Right Hindfoot, 4/16/08
MD, 7/15/08
MD, 8/15/08
MD, 5/20/08, 7/7/08
MD, 7/21/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in xx/xx when she sprained and twisted her right ankle. She has had “persistent pain since that time.” The patient complains of a burning sensation in the right lateral ankle. There is also documentation of swelling in the right ankle along with skin color changes. Specifically, it is noted that the right ankle becomes somewhat “dusky and erythematous.” There is also mention of “allodynia over the lateral malleolus.” On physical exam, there is 1-2+ pretibial edema noted on the right. There is also allodynia and hypersensitivity noted over the skin up to the ankle joint on the right.

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

In the Official Disability Guidelines, it is noted that there are different criteria that can be used to diagnose CRPS. There is no “perfect way” to diagnose this disorder. However, it is noted that per the IASP the diagnostic criteria are defined as the presence of an initiating noxious event which is documented in this case. There must also be continued pain, allodynia or hyperalgesia which is also documented in this case. In addition, there must be some evidence at some time of edema which is also documented in this case. One form of treatment for CRPS is a sympathetic block. Therefore, the request for a right lumbar sympathetic block would be indicated in this case. The reviewer finds that medical necessity exists for right lumbar sympathetic block.

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 KNOWLEDGBASE
- 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)**