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DATE OF REVIEW: 09/17/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACS Services

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
ACS Services		-	

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Request for Insurance Coverage Authorization for Proposed Surgery	MD	1	03/05/2008	03/05/2008
2	Follow up Note	Dr	1	07/03/2008	07/03/2008
3	Op Report	Hospital	2	11/08/2007	11/08/2007
4	Op Report	Hospital	2	04/09/2008	04/09/2008
5	Adverse Determination Letter		2	08/18/2008	08/18/2008
6	Appeal Adverse Determination Letter		2	08/27/2008	08/27/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available document that the claimant sustained an injury in the work place on xx/xx/xx.

The records that are available for review indicate the claimant sustained a crush injury to the left foot when a hot metal rod fell and struck the dorsum of the claimant's left foot. The claimant sustained severe burns to

the foot. The records available for review document that the claimant sustained a third degree burn to the dorsum of the left foot.

The records available for review indicate that the claimant required a skin graft procedure to the left foot. An official operative report as it relates to this procedure is not available for review.

The records available for review document that on 11-8-07, the claimant underwent a left lumbar sympathetic block. This procedure was performed by Dr.

On 4-9-08, surgery was performed to the left foot in the form of a tenolysis of the extensor digiti communis tendons to the left foot.

A physician assessment was performed by Dr. on 7-3-08. On that date, it was recommended consideration be given for treatment in the form of a lumbar sympathetic block. It was documented that the claimant was on Ultram. The claimant's physical examination was described as "unchanged."

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

Item in Dispute: Lumbar sympathetic block.

Based upon the medical documentation available for review, treatment in the form of a lumbar sympathetic block would not appear to be established as one of medical necessity. The records available for review document that such a procedure was previously performed on 11-8-07. The records available for review do not document that this procedure significantly decreased pain symptoms. Additionally, the documented physical examination findings are not specific as it relates to the medical diagnosis of a complex region pain syndrome referable to the left lower extremity.

Official Disability Guidelines indicate that if a repeat block is to be provided to an individual, there must be documentation of a positive response, defined as at least a 50% or greater reduction in pain symptoms. There must also be documentation of functional improvement after such a procedure. The records available for review do not provide any documentation to indicate that previous treatment in the form of a lumbar sympathetic block significantly decreased pain symptoms or significantly improved functional capabilities. Additionally, the documented physical examination findings are rather nonspecific as it relates to the medical diagnosis of a complex regional pain syndrome to the left lower extremity. Thus, based upon the records available for review, as would appear to be supported by Official Disability Guidelines, there would not appear to be a medical necessity for an attempt at a lumbar sympathetic block in this specific case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG