



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/31/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar sympathetic block injection (64520)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

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>
724.2	64520		Prosp.						Overturn
724.2	76005		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

- TDI case assignment
- Letters of denial, 07/06/09 and 07/16/09
- Orthopedic evaluation, 08/13/09, 02/23/09, and 06/25/09
- Pain Management evaluation and followup from 10/07/08 through 05/29/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant sustained a work-related injury on xx/xx/xx when she tripped and fell. She has had left-sided knee pain since then, though mostly mechanical by description. On initial pain management consultation on 10/07/08, it appeared that it had progressed to include neuropathic qualities. Physician note on 06/16/09 clearly indicates that there is presence of swelling of the left knee as well as extension of symptomatology down to her foot. There is apparently increased swelling in the left leg compared to the right with allodynia with description of her bed sheets bothering her, as well. It appears that the symptoms have progressively worsened with pain that is rated severe.

This claimant has already tried various treatment protocols including using a short-acting opioid with poor tolerance to hydrocodone, as well as failed treatment trials with physical therapy, anti-inflammatory medication, muscle relaxers, home exercise program, as well as other medication trials including Lyrica, Cymbalta, Zanaflex, Neurontin, and Darvocet. The claimant either has had an orthopedic procedure to the knee as summarized in the notes, with the claimant supposedly having to have "another surgery" which apparently has been denied. The treating doctor has clearly indicated an impression for this claimant that includes complex regional pain syndrome in the left lower extremity, prompting the request for a lumbar sympathetic block for further diagnostic clarification under fluoroscopic guidance.

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

It certainly seems that this claimant has already undergone multiple treatment trials and is exhibiting symptoms and signs compatible with a neuropathic pain syndrome consistent with complex regional pain syndrome. It is clear to this reviewer that a neuropathic pain component has been a component of this claimant's presentation as he has had various treatment trials with neuropathic pain agents such as Neurontin, Cymbalta, and Lyrica. The claimant has not benefited from that treatment trial so far including various treatment modalities, I do feel it would be reasonable and necessary now to proceed with further diagnostics including the lumbar sympathetic block as requested.

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.
- 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)