

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 11, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left Lumbar sympathetic block (77003, 64520)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	77003, 64520		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 17 pages of records received to include but not limited to:

TDI letter 7.22.09; letter 6.2.09, 6.25.09; records Dr. 5.4.09-6.18.09

Requestor records- a total of 0 pages of records received to include but not limited to:
1st request for records faxed 7.23.09, 2nd request for records faxed 7.30.09; 8.3.09 left message for regarding records, no response

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual was injured in the scope of employment and sustained trauma to the left leg with multiple fractures. He has carried the diagnosis of chronic regional pain syndrome of the left leg. In the initial review by Dr. a sympathetic block was denied because not enough clinical information was provided to make the diagnosis of chronic regional pain syndrome. In the ODG criteria, it states that use of sympathetic blocks to make and/or confirm the diagnosis of chronic regional pain syndrome is an appropriate use of this alternative.

The second denial was made by Dr. an anesthesiologist, quoting the same literature indicating that he did not approve of the block because there were nonspecific subjective and objective findings to support the diagnosis of CRPS. There was no apparent plan to use this block as an adjunct, other modalities, or act of rehabilitation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

A review of the medical records indicates that this individual has been followed by multiple visits. His objective findings include cervical perispinal tenderness and bilateral lower extremity marked guarding and restriction of range of motion, especially of the ankles, foot, and knee with decreased plantar flexion and knee bending. There was palpable tenderness throughout the left lower extremity, ankle, and knee, but no redness or swelling was noted.

Upon further review of this case, it appears that this individual has had severe trauma with pain greater than expected in proportion to his injury and with an assumed diagnosis of chronic regional pain syndrome which could also be a severe neuralgia as a result of his lower extremity trauma with findings of guarding and restriction and range of motion limitations. Many times when involving the lower extremities, especially of the knee and ankle area, the presentation of chronic regional pain syndrome is not as reliable as in other parts of the body. It is a very common practice to use a lumbar sympathetic block to help confirm the diagnosis and help guide treatments.

Furthermore, this individual will probably benefit from treatment from chronic regional pain syndrome and intractable leg pain. I therefore must conclude and properly using the ODG guidelines, that this individual does meet the criteria for a left lumbar sympathetic block as a diagnostic and therapeutic tool to help determine the source of pain and a long-term pain management program.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES