Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient left sympathetic block and a patella nerve injection laterally.

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 10/27/08 and 11/4/08
MRI 3/20/02
X-Ray 5/8/06
Surgery 5/17/06
Records from 6/5/06 thru 5/14/08
Record from 6/25/03

PATIENT CLINICAL HISTORY SUMMARY
This lady reportedly was injured in a fall in xxxx. She struck her left knee and reportedly developed left knee pain diagnosed as RSD or Complex Regional Pain Syndrome. Her work up failed to show any explanation of her problem. The MRI of the left knee did not explain her symptoms. Dr. in May 2006 commented about a prior left sympathetic block with pain relief of 60% for 9 months. Dr. , a DD examiner, saw her in June 2003 and commented upon 5 prior lateral patella nerve block. He noted only 3 days of relief after 9/8/02 sympathetic block.

He wrote she had a total of 5 sympathetic blocks with a spinal stimulator being considered. He also commented upon limited relief with the sympathetic and left lateral patella nerve blocks. She underwent the same procedure on 5/17/06 with the block of the left lateral patella nerve. Dr. described some 50% relief in the 6/5/06 (2-3 week) follow up. He wrote on 11/14/06 that she had 60% relief for 4 months. A repeat procedure was performed on 11/30/06. The 12/21/06 note described 75-80% relief. She continued with some relief in the 3/21/07 note, but the pain worsened by the 6/21/07 visit. A repeat injection was discussed in the 6/21/07, 12/05/07 and 3/4/08, 5/14/08 notes. She apparently was in a pain program once, but the psychological reports were not provided.

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

Dr. accepted the diagnosis of RSD, but his note suggested some skepticism. The majority of the reports during the past 3 years describe symptoms, but there was no clinical exam to support or refute the diagnosis of RSD. Causalgia was also mentioned. These are linked under the CRP syndrome. There were no comments about prescribing physical therapy after the blocks. Usually, RSD/CRP can be associated with contractures, muscle atrophy, etc. None of these were described. The ODG advises, but does not mandate “aggressive physical therapy.”

Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block

Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS….

Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies. Anatomy: Consists of several ganglia between the L1 and L5 vertebra. Proposed Indications: Circulatory insufficiency of the leg: (Arteriolsclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically.. Complications: Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia can occur with symptoms of burning dysesthesia in the anteromedial upper thigh. It is advised to not block at L4 to avoid this complication. Adequacy of the block: This should be determined, generally by measure of skin temperature (with an increase noted on the side of the block). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. (Day, 2008) (Sayson, 2004) (Nader, 2005)

The issue remains first, does this lady have RSD. The reports imply that she does. There are some who question the existence of RSD and consider it a psychological factor.

The second question, has she gained symptom relief from the prior sympathetic blocks. Here, the more recent reports are favorable than the earlier DD report.

The ODG does not comment on frequency of repeat sympathetic injections nor does it comment upon alternative treatment. She does appear to get 6 months of relief. In all, The Reviewer does not find a reason to deny the procedure based on the material provided for review. There are significant risks that need to be considered before multiple repeat blocks are performed.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)