



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 07/31/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Sympathetic Lumbar RFTC

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since the early 90's

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA denials, 6/1/09 to 6/16/09
3. MD, office notes, 11/7/08 to 6/5/09
4. Surgical Center, surgery notes, 12/2/08 to 5/5/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured worker has signs and symptoms of complex regional pain syndrome of the lower extremity. Physical therapy and occupational therapy have been provided, and the patient has undergone three lumbar sympathetic blocks. The first two provided some degree of relief, and the third did not.

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

The ODG Guidelines stipulate that lumbar sympathetic blockade is indicated for diagnostic and therapeutic purposes in CRPS. The most recent lumbar sympathetic block was ineffective. Therefore, it is not reasonable or necessary to perform additional

sympathetic blocks. There are no ODG Guidelines for neurolytic lumbar sympathetic blocks, in particular rather of radiofrequency neurolysis. The fact that the last local anesthetic sympathetic block was ineffective mitigates against efficacy of additional procedures. The innervation of the sympathetic chain in the lumbar area is diffuse, and there is no evidence that radiofrequency neurolysis is effective for lumbar sympathetic blockade. Therefore, the procedure is neither reasonable or necessary.

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

(Check any of the following that were used in the course of your review.)

- 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.)