

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar sympathetic block L2, L4 (64520)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/8/09, 5/21/09

ODG-TWC

Center for Pain Recovery, Referral Form, 7/7/09

MD, 5/7/09, 4/30/09, 4/2/09, 12/18/08, 7/28/05, 8/24/05,
9/9/05, 9/28/05, 11/1/05, 1/9/06, 2/8/06, 2/28/06, 3/29/06, 3/30/06,
4/13/06, 5/17/06, 6/7/06, 8/14/06, 10/17/06, 11/13/06, 1/22/07, 4/16/07,
8/17/07, 2/6/08, 5/29/08, 6/6/08, 6/12/08, 9/8/08, 11/4/08,

Insurance Correspondence, 4/30/09

Notice of Disputed Issue and Refusal to Pay Benefits, 4/15/09

Operative Report, 7/6/05, 8/17/05, 3/15/06, 6/17/06

PATIENT CLINICAL HISTORY SUMMARY

This xx year old woman injured her right ankle in xxxx and reportedly developed CRPD/RSD. She unsuccessfully underwent multiple lumbar sympathetic blocks. A spinal stimulator inserted in 2006 provided ankle relief, but subsequently the pain went to the right thigh, and now there is pain about the left knee. Dr. states this is allodynia. He acknowledges there is

concern that her left knee pain could be from arthritis, but he suspects it is related to the RSD of the right side. He wants to see if sympathetic blocks at L2-4 will provide relief. She had limited relief with reportedly 13 prior lumbar sympathetic blocks for the right sided pain. There was reportedly some transient relief with L2-4 a right side sympathetic block last June (2008). The records were unclear as to how long the relief lasted, but it was gone by the follow up visits. He wrote "We tried a sympathetic block to alleviate her symptoms and it was successful, but only temporarily so." This applied to the right side. He now wants to proceed with the left side.

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

It is unclear from the records provided for this review if the patient's knee pain is from arthritis or RSD. No orthopedic reports of the knee were available for this review, and there could not be an MRI as the claimant has a spinal stimulator in place. The request is for Lumbar sympathetic block L2, L4 (64520) on the left side. Records indicate that 13 prior lumbar sympathetic blocks have been performed on the symptomatic right side. The physician notes that the patient's symptoms were only temporarily relieved. While a left sided trial may have been justified with a significant beneficial response on the right side, it is hard to justify their repetition on the uninjured left side with such a poor response on the right side. The request does not meet the ODG criteria for lumbar sympathetic block. The reviewer finds that medical necessity does not exist for Lumbar sympathetic block L2, L4 (64520).

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

MEDICAL JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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