



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 03/22/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lumbar sympathetic block.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed in the State of Texas, currently actively practicing Pain Medicine for the last 21 years, fellowship trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine

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. Left lower extremity MRI scan dated 11/29/07
2. Medical records dated 09/25/08 (unsigned)
3. Medical records from Dr. dated 12/10/08 and 01/07/09
4. Physician Adviser recommendations for left lumbar sympathetic block request dated 12/15/08 and 01/21/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx when a forklift blade fell onto his left leg, crushing the left thigh. On 11/29/07 an MRI scan of the left lower extremity demonstrated ill-defined nonspecific edema in the subcutaneous fat of the distal left medial thigh but no evidence of muscle tear or hematoma. There was no evidence of femoral fracture.

On 09/25/08 the claimant was evaluated by an unknown provider for complaint of burning left leg pain. It was noted that the claimant did not develop compartment

syndrome of the left thigh and actually returned to work on 03/13/07, less than two weeks after the injury.

In August 2007 the claimant apparently saw Dr. who performed x-rays that were normal. The claimant subsequently underwent physical therapy for eighteen sessions over six weeks and continued working. He complained of nocturnal left leg burning pain. The documentation of the 09/25/08 visit also indicated the claimant had sustained a recent injury when falling from an elevation of approximately two feet onto his left side. Physical examination documented the claimant to be 5 feet 9 inches tall and weighing 290 pounds. Examination of the lumbar spine and lower extremities revealed no evidence of any deep tenderness or superficial skin tenderness, normal range of motion of both lower extremities, no difficulty performing a squat, normal sensation in both legs, normal reflexes in both legs, and negative straight leg raising bilaterally.

On 12/10/08 the claimant was evaluated by Dr. for his continuing burning left lower extremity pain in the medial and lateral thigh. She noted the claimant had previously undergone an MRI scan of the left lower extremity, stating it was "normal." As opposed to the evaluation that had just been performed on 09/25/08 in which the claimant complained of difficulty sleeping due to pain occurring primarily at night, Dr. documented that the claimant's pain is "better with sleeping." He noted the claimant was taking Lyrica, Amrix (a muscle relaxant), amitriptyline, and Lortab. Physical examination documented no cyanosis or edema in the lower extremities. There was no hypersensitivity to light touch and weakness or loss of range of motion in the lower extremities. There was similarly no evidence of nail changes, hair changes, or soft tissue swelling, nor any lower extremity edema. The only positive finding was of nonspecific palpatory left thigh tenderness. Sensory exam was also said to be normal to light touch, and motor exam was normal as well as normal reflex exam. Dr. started the claimant on Cymbalta and recommended left lumbar sympathetic block for treatment of the "burning pain localized at the left thigh." The initial review by physician adviser recommended nonauthorization of the request due to there being no evidence of any sympathetically mediated pain on physical examination.

On 01/07/09 Dr. appealed the denial for lumbar sympathetic block, citing the MRI scan results from November 2007 as justification for performing lumbar sympathetic block. Physical examination again documented no abnormality of gait, full range of motion of the left lower extremity, and only nonspecific mild soft tissue swelling in the thigh. Reflexes and strength were again normal throughout both lower extremities with sensory testing demonstrating "light touch appears to be painful." Dr. again recommended left lumbar sympathetic block as "diagnostic and therapeutic." A second physician review of the request recommended nonauthorization due to lack of evidence of sympathetically mediated pain.

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

This claimant simply does not have sufficient physical examination evidence of the cardinal signs of RSD or CRPS to justify lumbar sympathetic block according to the

treatment guidelines of ODG. The claimant has nothing more than nonspecific mild tenderness, and at most, nonspecific tenderness to light touch according to the most recent physical examination by Dr. The claimant has no evidence of autonomic dysfunction, swelling, allodynia, decreased range of motion, trophic changes of the nails or skin, color changes of the lower extremity, temperature changes of the lower extremity, or evidence of sympathetic system abnormality. Moreover, the MRI scan evidence cited by Dr. does not, in fact, demonstrate any significant abnormality that would be justifiable as a reason for performing lumbar sympathetic block. Additionally, there is a clear discrepancy between the evaluation performed by Dr. in which she states the claimant's pain is improved with sleeping and the evaluation performed only two months before that in which the claimant complained of primarily nocturnal pain that interfered with sleeping. Therefore, given the lack of sufficient physical examination evidence of CRPS according to ODG Treatment Guidelines, and the lack of any objective evidence of significant damage, injury, or harm to the claimant's left thigh, as well as the clear discrepancy in the symptoms being reported within a two-month period between September and December 2008, the request for left lumbar sympathetic block is not medically reason or necessity, nor is it supported by ODG Treatment Guidelines. Therefore, the recommendations for nonauthorization of the requested left lumbar sympathetic block are both upheld. There is, in my opinion, no medical reason or necessity, therefore, for the performance of a left lumbar sympathetic block as related to the work injury of 03/01/07.

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.)