

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Lumbar Sympathetic blocks with fluoroscopy Left L2-3

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

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

ODG Guidelines

Adverse Determination Letters, 5/28/10, 6/30/10

Pain Institute 5/3/05 - 6/17/10

Pain Institute 5/24/96 - 1/4/05

Specialty Surgery Center 6/8/00 to 5/7/08

Radiology 2/15/08

PATIENT CLINICAL HISTORY SUMMARY

On 6/17/10, it was noted that the patient complains of "pain to the left foot and ankle." This is a chronic condition that has been diagnosed as CRPS. The patient has received lumbar sympathetic blocks in the past. He even had a "neurolytic left lumbar sympathetic block with phenol." The response to these procedures is not mentioned in the records. The patient went on to receive a spinal cord stimulator implant. The patient was also noted on 6/17/10 to have recently undergone an "injection by Dr. with some short term relief of the pain." The exact type of injection performed is not clarified.

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

The ODG does not recommend repeating lumbar sympathetic blocks if the initial blocks are not successful. Since the patient went on to receive a neurolytic procedure to the lumbar sympathetic ganglion, the diagnostic block was only successful in the diagnostic phase but did not provide significant long term relief to consider performing therapeutic blocks. That would be the only reason to perform a neurolytic procedure. Also, a spinal cord stimulator would only have been used if the patient failed previous lumbar sympathetic blocks. Based on this information, a lumbar sympathetic block would not be considered appropriate to repeat in this patient. The reviewer finds that medical necessity has not been established in this case for Left Lumbar Sympathetic blocks with fluoroscopy Left L2-3.

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)