SENT VIA EMAIL OR FAX ON
Dec/15/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical Epidural blockade C5/6 utilizing a catheter under fluoroscopy with IV sedation

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 11/17/10 and 11/30/10; Dr. 10/16/2000 thru 11/18/2010; Dr. 4/11/10

PATIENT CLINICAL HISTORY SUMMARY
Apparently this is a lady who injured her hand in xxxx. She was treated for bilateral CTS and TOS. She apparently then developed CRPSI /RSD. She had some relief with cervical sympathetic ESIs for neck and back pain plus the extremity pain. The last being in 6/09. She is again symptomatic. Dr. wants to perform another. He notes her hot hands with hypesthesias and edema. Dr. saw her and felt she had RSD.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The first issue is that the ODG considers cervical ESIs solely for radiculopathy. That is not present in this case and lead to the adverse decisions. Dr. concurred with the diagnosis of RSD. Therefore, the IRO Reviewer will accept this as a working diagnosis. The ODG does discuss sympathetic blocks for diagnosis and as an adjunct to therapy. It does state, “In acute exacerbations, 1 to 3 blocks may be required for treatment.” Dr. described the flare-up and

the role of additional therapies as well as symptom management. Further, the ODG does allow some variance. It states, “The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions…but they cannot take into account the uniqueness of each patient’s clinical circumstances.” Based upon all of these issues, there is a role for the cervical ESI, but not for the generally accepted criteria of a radiculopathy. Therefore there is justification for the medical necessity of this procedure at this time for this lady.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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