



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 11/16/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar sympathetic block under fluoroscopy and moderate sedation

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 1993

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)

The medical necessity for a lumbar sympathetic block per ODG has not been demonstrated.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 9/10/2010 to 9/21/2010
3. Orthopedics, office notes, 5/20/2010 to 9/12/2010
4. X-Ray, MRI of Left Knee, 6/24/2010
5. Specialty Hospital, surgical notes, 2/22/2010

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient was injured on xx/xx/xx and has had a left knee arthroscopic chondroplasty of the patella on 02/22/10. There is resistant pain to palpation and with range of motion. There is tenderness in the area and a positive bone scan.

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

The provider has fulfilled the ODG requirements for a lumbar sympathetic block from a clinical standpoint, but there is no mention of ongoing physical therapy, which would be facilitated by the lumbar sympathetic block. This is an important component of the treatment of complex regional pain syndrome and should be included in the regimen to justify a lumbar sympathetic block. ODG criteria are not met for the lumbar sympathetic block since there is no documentation of ongoing adjuvant physical therapy.

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.)