

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Sympathetic Block Left Side

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

M.D., Board Certified in Anesthesiology and 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

State Services, Utilization Review, 6/7/10, 6/15/10
6/8/10, 5/27/10, 4/20/10, 3/18/10, 1/21/10, 1/29/10
1/5/10, 4/13/10, 2/16/10, 11/13/09
WDI/ODI Radiology Report 7/8/09
ODG Low Back Chapter

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, the patient was reported to have left ankle pain status post an injury to the ankle and eventual surgical repair on 1/15/09. The patient's only complaint is of pain. There is no mention of temperature differences, edema, color changes, or allodynia. The physical exam was significant for only some mild edema of the left ankle compared to the right. Otherwise, it was noted that there were "no sensory changes upon pinprick, soft touch, or temperature." An EMG/NCV study from 11/19/09 showed "no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy in the left lower limb." The patient was diagnosed by Dr. with CRPS type II based on the above history and physical exam. After being denied the request for lumbar sympathetic blocks, Dr. physical exam results changed on 3/18/10. At this visit, it was noted that the left had "visible color changes" and "hypersensitivity to pinprick along the lateral aspect of the left ankle." There is no mention of utilizing physical therapy or occupational therapy along with the lumbar sympathetic blocks. On 4/13/10, P.A.'s physical exam stated that there was no swelling or erythema noted.

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

Per the ODG, sympathetic blocks are “primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy.” The date in which the diagnosis of CRPS was made, the history, physical exam, and EMG/NCV results did not support the diagnosis of CRPS. In addition, there is no thorough documentation of the patient’s description of pain and the symptoms associated with it that would allow this reviewer to assess whether CRPS is an appropriate diagnosis. Per the note dated 3/18/10, the diagnosis of CRPS is considered appropriate “given the documentation of peroneal nerve injury.” A history of nerve injury is not the only criteria needed for a diagnosis of CRPS. In addition to not having a thorough history, the physical exam results are confusing since they seem to change. Also, the EMG/NCV does not show any signs of nerve dysfunction. Given all of this information, the reviewer finds that Lumbar Sympathetic Block Left Side is not medically necessary at this time.

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 KNOWLEDGBASE

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)