

SENT VIA EMAIL OR FAX ON  
Apr/29/2010

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/22/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient right lumbar sympathetic block times three (3) one (1) injection each week times three (3) weeks as related to left foot and leg

**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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 4/1/10 and 3/25/10  
10/15/07, 9/10/08, 1/7/09-4/1/10  
OP Reports 2/10/10 and 1/20/10  
2/22/10  
MRI 2/25/09  
Medication List 7/8/09  
1/25/10  
2100 pages of records from the Carrier 1993 thru 2010

**PATIENT CLINICAL HISTORY SUMMARY**

This -year-old lady was reportedly injured xxxx when she struck the back of her head on a file cabinet. She had a lumbar fusion in July 2009 at L5/S1. She had three post op left lumbar sympathetic blocks that helped and request 3 on the right side. noted she had ongoing stabbing pain. She has a pain pump. He wrote that she has CRPD and improved with the

sympathetic blocks on the left, and that justified it on the right.

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

The key issue is does this person have CRPD. The records from describe CRPD in the left lower extremity. He mentions at different times hypesthesia, sudomotor and vascular changes. There is no other description of joint motion of the left lower extremity. presented the diagnosis of CRPD in his request for the right-sided sympathetic blocks, but the IRO Reviewer found no examination of the right lower extremity, let alone findings to meet the several ODG identified criteria for the diagnosis. She reportedly improved with the left sympathetic block, but that alone is not justification for right-sided sympathetic blocks without clinical evidence for the disorder. noted the presence of CRPD but did not state where it existed.

**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)