

SENT VIA EMAIL OR FAX ON  
Apr/13/2010

## Pure Resolutions Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/13/2010

**IRO CASE #:**

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

AXON Study Lumbar

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

Reviewer is Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

**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**

XXXXX

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who was first seen on 10/19/09 by Dr. after sustaining an injury to his back at work. The injury involved feeling a "pull with moving glucerna with a dolly and then a hot pain with lifting a wheelchair". The patient initially complained of low back pain radiating down his left leg to his foot. The patient received antiinflammatories and "treatments" at Dr.'s office (it does not document what type of treatments these were). The patient continued to do heavy lifting at work despite being told to rest. He was seen again on 12/3/09 with no improvement. At this time PT was ordered. There are no available PT notes. On follow up visit on 1/21/10, the patient had no improvement with PT; he still complained about continued sciatica with radiation to the ball of the foot. At this time, an MRI and an AXON study were ordered. The patient had an MRI of his LumboSacral spine on 1/27/10. This study was read as normal. Subsequent to the MRI, no additional studies were noted on the chart. There is no evidence of continued Physical Therapy. Dr. saw the patient again on 2/9/10. At this visit, he still complained of lumbar pain with sciatica as well as cervical pain. Dr. reiterated that an AXON study of the lumbar spine (as well as the cervical spine) should be done for this patient "to rule out sciatica or left foot disorder (neuroma vs stress fx vs other source of pain)."

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

The IRO reviewer in this case agrees with the decision to deny an AXON study for this patient. This is a case of low back pain with radiculopathy. The standard treatment would include antiinflammatories and an appropriate physical therapy program. If this did not help then an MRI would be the next step. Following this if one wanted to rule out nerve involvement as the source of the foot pain, one would start with a Nerve conduction study. This patient received antiinflammatories and physical therapy. It is unclear whether the patient received the right type or length of physical therapy, as there are no PT notes available to the reviewer. When the patient wasn't getting better the MRI was appropriately ordered but was negative. The choice of an AXON study as the next step does not seem to fit the clinical picture. On review of the literature, an AXON or QSART (Quantitative Sudomotor Axon Reflex Test) is used to assess the small nerve fibers, which are linked to the sweat glands. It is used to diagnose the following: 1. painful , small neuropathy when nerve conduction test results are normal, 2. disturbances of the autonomic nervous system which controls the sweat glands, heart, digestive system, other organs and blood pressure, 3. complex pain disorders. The patient's clinical situation as presented in the notes does not support the use of this test in this patient at this time. There are no criteria in the ODG for the AXON study so only clinical judgment and information on the patient and on the uses for the test is used in this decision

In conclusion, the reviewer does not find medical necessity for an AXON study in this patient and the previous ruling is upheld.

#### **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)