

SENT VIA EMAIL OR FAX ON  
Nov/15/2010

## Pure Resolutions Inc.

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/15/2010

**IRO CASE #:**

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

Right Lumbar RFTC Sympathetic Plexus Block L2/3, L5

**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 8/31/10 and 9/23/10  
Dr. 11/7/08 thru 9/4/10  
OP Reports 2/23/10, 5/5/09, 2/3/10, 12/2/08  
Associates 3/18/10 and 7/9/10

**PATIENT CLINICAL HISTORY SUMMARY**

This lady was injured on xx/xx/xx. She has ongoing pain, coolness, mottling, swelling and allodynia with a diagnosis of RSD. She is on Oxycontin for the pain. She had 3 lumbar epidural injections in 2009 with generally good results on at least 2 occasions and lesser

improvement on the third block. . She had some relief after a L5/S1 lumbar ESI on 2/23/10. Dr. wrote on 9/2/09 "I do feel that she needs to have a RFTC of the lumbar sympathetic plexus block." He wrote on 9/4/10 that "A lumbar sympathetic plexus block is a treatment of choice and it is medically indicated and medically necessary." On 8/25/10, He wrote that "This procedure (lumbar sympathetic ganglion block) is the treatment of choice end (sic) it is medically indicated and medically necessary. This is the standard of care. He also wrote the "lumbar sympathetic plexus block ...is medically indicated and necessary and its been the only procedure that has helped in the past. It is the treatment of choice." On 4/20/10, he wrote the "RFTC of the lumbar sympathetic plexus block ...is medically indicated and medically necessary.

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

First, this lady appears to have RSD/CRPS. The ODG accepts the limited role of sympathetic blocks for the treatment of the disorder. ). "Repeated blocks are only recommended if continued improvement is observed." Sympathectomy is not recommended. RF is only indicated as a test before a sympathectomy. From the review, there is a role for the sympathetic blocks, but not for RF blocks. Dr. at times commented upon the role of sympathetic blocks, but at other times commented upon the RF block. From the ODG, the IRO reviewer cannot find justification for the medical necessity of the RF block, but there is a role for additional treatment, but the IRO reviewer's options are to only address the medical necessity for the RF sympathectomy, and not any other treatment. Therefore, the request is not medically necessary.

#### **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)**