

SENT VIA EMAIL OR FAX ON  
Nov/17/2010

## **P-IRO Inc.**

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

**DATE OF REVIEW:**  
Nov/16/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
DISD--Bilateral Lumbar Sympathetic Block Under Fluoroscopy with IV Sedation

**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 9/10/10 and 10/27/10  
Dr. 9/27/04 thru 10/18/10  
OP Report 3/17/09  
MRI 6/2/04

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx who sustained an injury with a fall in xxxx. Dr. provided his initial 9/04 report where he felt she had CRPS. The MRIs of 2004 showed no fractures. She had an intrathecal morphine pump inserted in 3/09 that Dr. noted provided major pain relief and reduction in opiate use. He noted her ongoing foot dysesthesias and mentioned a prior 50% pain

reduction with a prior sympathetic block. That information was not provided.

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

First, the question is whether or not she has CRPS. The IRO reviewer has Dr. original assessment plus her improvement with the morphine pump. Her success with the pump may alter the current clinical findings. The ODG does take into consideration prior response to the blocks. The IRO reviewer has Dr. passing comment of its success in the past. The ODG states that the blocks are "Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy." She already has the diagnosis. The ODG allows early repeated therapeutic blocks. The IRO reviewer does not see from the records how she actually responded to the prior blocks other than Dr. comment (10/18/10) "Lumbar sympathetic blockade used well over a year ago was highly efficacious in lowering her oral and intrathecal therapy, lowering her pain scores at least 50%, allowing her to be more functional and more active." Although the IRO reviewer's initial inclination was that the treatment was not medically necessary as not having met the ODG requirements, there is the clause. ODG Disclaimer. "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient's clinical circumstances." Hence, the IRO reviewer's medical assessment is that the request is medically necessary based on a careful review of all medical records.

**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)