

SENT VIA EMAIL OR FAX ON  
Aug/10/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/10/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Bil Lumbar Sympathetic Block with Fluoroscopy, IV Sedation

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

OD Guidelines

1. Cover sheet and working documents
2. Radiographic report T1 and T2 sagittal and axial sequences of lumbar spine dated 02/08/08
3. Follow-up notes Dr., D.O. dated 01/12/11-06/23/11
4. Operative report for bilateral lumbar sympathetic blockade under fluoroscopy / injection of kontras; and paravertebral nerve block dated 06/08/11
5. Prescriptions
6. Utilization review notification of determination for #2 bilateral lumbar sympathetic block with fluoroscopy, IV sedation dated 07/12/11
7. Utilization review notification of determination for appeal #2 bilateral lumbar sympathetic block with fluoroscopy, IV sedation dated 07/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is female whose date of injury is xx/xx/xx. On this date the patient was injured

while attempting to keep a coworker from falling to the floor. MRI of the lumbar spine dated 02/08/2008 revealed no evidence of significant lumbar spondylosis or neural impingement; fluid collection posterior subcutaneous tissues with questionable defect, this may be post-surgical in nature. There is a gap in treatment records until follow up note dated 01/12/11. This note states that the patient has a quite impressive pedal edema, skin breakdown, hyperesthesia and allodynia throughout the arms and legs. Lumbar sympathetic blockade has reportedly been highly efficacious in reducing the edema. The patient's pain pump was refilled on this date. Note dated 04/11/11 indicates that the patient is recently out of the hospital for exacerbation of her CRPS with secondary cellulitic infection due to the impaired blood flow. The patient is reportedly being treated for squamous cancer which has developed due to the chronic insufficiency and decreased blood flow in her lower legs. The patient's pump was raised to 8 mg/day. The patient underwent bilateral sympathetic blockade on 06/08/11. Note dated 06/23/11 indicates that the patient reports more than 12 pounds of fluid weight loss, improvement of circulation, improvement of range of motion about her legs following sympathetic blockade.

Initial request for bilateral lumbar sympathetic block was non-certified on 07/12/11 noting that the patient's subjective and objective findings at the latest report dated 06/23/11 were not provided. Current ADLs were not reported. The percentage of pain relief from previous blocks was not provided. There is no objective documentation provided to confirm whether the patient has failed conservative treatment. The denial was upheld on appeal dated 07/25/11 noting that the submitted records did not provide objective measurement of pain relief after the rendered injection. There is no documentation that the injection was in conjunction with intensive physical therapy to optimize success. There is limited evidence to support this procedure with most studies reported being case studies.

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

Based on the clinical information provided, the request for bilateral lumbar sympathetic block with fluoroscopy, IV sedation is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The earliest record submitted for review is dated 02/08/08. There is then a gap in treatment records until follow up note dated 01/12/11. There is no current, detailed physical examination submitted for review. The submitted records indicate that the patient has undergone multiple sympathetic blocks in the past; however, the dates of these procedures and the patient's objective, functional response are not documented. There is no objective measurement of pain relief after the most recent block performed on 06/08/11. Given the current clinical data, the request is not indicated as medically necessary.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**