Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Sympathetic Block

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determinations, 12/31/10, 12/9/10
Official Disability Guidelines
M.D. 12/13/10-1/4/11
DO 3/17/10-11/16/10
10/6/08-9/14/10
2/17/10 to 6/3/10
M.D. 5/21/10
M.D. 9/25/09
8/22/07-2/25/08

PATIENT CLINICAL HISTORY SUMMARY
This is a woman injured xx/xx/xx with a fall and twisting her ankle. She reportedly had a questionable avulsion fracture and then a tear in the anterior talofibular ligament. She underwent a surgical reconstruction. She subsequently had MRIs and bone scans. The latter was done in 2008 after immobilization for possible metatarsal fractures. It showed “mild asymmetric diffuse increased activity” was consistent with the casting and use of crutches. An emg in 2009, not supplied, showed slowing of the peroneal nerve at the fibula head. She had a decompression and neurolysis in 11/09, but had persistent numbness and tingling. Dr. notes the presence of dysestheias and weakness in his 6/3/10 exam. He documented weakness and sensory changes in the peroneal and superficial peroneal distribution, but did not describe any allodynia or hyperesthesia. Her symptoms apparently returned in September 2010. Dr. described her as having sharp, stabbing, electrical and burning pain with lateral right leg and plantar foot allodynia and hyperesthesia with loss of gastrocnemius bulk and possible skin atrophy. He noted weak ankle dorsiflexion. He felt she had RSD and has requested 2 sympathetic blocks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS
The request for the sympathetic block would be appropriate for the treatment of CRPSI and CRPSII. The question then is if this problem is present. Dr. argues that she meets the IASP and the Essential of Pain Medicine and Regional Anesthesia criteria. The IASP criteria in the ODG includes "**a distal predominance of abnormal findings, exceeding in both magnitude and duration the expected clinical course of the inciting event and often resulting in significant impairment of motor function, and showing variable progression over time**." It includes the following diagnostic criteria from ODG:

(1) The presence of an initiating noxious event or cause of immobilization that leads to development of the syndrome; This criteria is met.

(2) Continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; This is uncertain/questionable -- Dr, , but not Dr., described allodynia and hyperesthesia.

(3) **Evidence *at some time* of edema, changes in skin blood flow, or abnormal sudomotor activity in the pain region;** This criteria is not met, there were no comments about this other than perhaps skin thinning by Dr.

(4) The diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2-4 must be satisfied to make the diagnosis. Criteria 3 was not met.

(5) These criteria were found to be able to pick up a true positive with few false negatives (sensitivity 99% to 100%), but their use resulted in a large number of false positives (specificity range of 36% to 55%). (Bruehl, 1999) (Galer, 1998) Up to 37% of patients with painful diabetic neuropathy may meet the clinical criteria for CRPS using the original diagnostic criteria. (Quisel, 2005)

To improve specificity the IASP suggested the following criteria: (1) Continuing pain disproportionate to the inciting event; (2) A report of one *symptom* from each of the following four categories and one *physical finding* from two of the following four categories: (a) Sensory: hyperesthesia, (b) Vasomotor: temperature asymmetry or skin color changes or asymmetry, (c) Sudomotor/edema: edema or sweating changes or sweating asymmetry, or (d) Motor/trophic: reports of decreased range of motion or motor dysfunction (weakness/tremor or dystonia) or trophic changes: hair, nail, skin.

In this case, there is pain, although it is not clear if it is disproportionate to the inciting event. The sensory hyperesthesia was described by Dr.. I did not see in the records the vasomotor changes, skin color changes or sudomotor edema. The reduced motion may result from the surgery and immobilization, and the disuse atrophy with the calf atrophy. The weakness was attributed to the peroneal nerve injury. There was no description of hair or nail overgrowth, and the skin thinning was only described by Dr. The Harden criteria are more broad. The patient would appear to meet 2 of 3 requirements, however, the disuse atrophy and the peroneal compression would explain the atrophy, restricted motion and sensory complaints as well as presumed CRPS.

While Dr. is sure this patient has CRPSI, this has not been clearly established based upon the information provided per the criteria in the ODG. Without the establishment of the diagnosis, the reviewer cannot overturn the previous adverse determinations. At this time, the reviewer finds no medical necessity for Lumbar Sympathetic Block.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)