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DATE OF REVIEW: 12/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Lumbar Sympathetic block

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

This case was reviewed by a Texas licensed DO, specializing in Anesthesiology, Pain Management. The physician advisor has the following additional qualifications, if applicable:

ABMS Anesthesiology

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Right Lumbar Sympathetic block	64520	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	17		
2	Claim File		1	08/17/2010	08/17/2010
3	Claim File	TDI-DWC	1	05/04/2010	05/04/2010
4	Designated Doctor Report	DO	10	04/23/2010	05/11/2010
5	Designated Doctor Report	MD	11	08/09/2010	08/09/2010
6	Diagnostic Test	Imaging	3	01/13/2010	07/09/2010
7	FCE Report	Occupational Helath Systems	9	08/09/2010	08/09/2010
8	Impairment/Disability Rating Report	MD	8	09/17/2010	09/30/2010
9	IRO Request	MD	3	11/29/2010	11/29/2010
10	Office Visit Report	MD	61	01/11/2010	11/29/2010
11	Office Visit Report	MD	21	01/20/2010	08/25/2010
12	Office Visit Report	DO	4	07/23/2010	07/23/2010

13	Office Visit Report	MD	6	10/20/2010	11/03/2010
14	FCE Report	Health Systems	21	08/06/2010	08/12/2010
15	Psych Evaluation		7	08/06/2010	08/06/2010
16	PT Notes	Hospital	53	03/25/2010	05/28/2010
17	Initial Denial Letter		17	11/04/2010	11/30/2010
18	Initial Approval Letter		10	05/12/2010	09/14/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who has a date of injury dated xx/xx/xx. The patient's mechanism of injury was a twisting of the lower leg when he slipped on some loose rock and ice while stretching out a hose. The patient has complaints of continued right knee pain. The diagnosis includes a fracture of tibia and fibula, torus, fibula alone, and sprain of unspecified site of knee and leg. The claimant complains of pain, decreased ROM, joint pain and stiffness. He has been treated with physical therapy and medications. The request for a left lumbar sympathetic block which has been denied on initial and upheld on appeal. This is an IRO request for left lumbar sympathetic block.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient does not meet the definition of RSD per Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 Page 381, which is continuing pain, allodynia, or hyperalgesia, evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in the region of the pain. Essentials of Pain Medicine and Regional Anesthesia feels criteria must be satisfied to be considered CRPS (Complex Regional Pain Syndromes) 1 or 11 also known as RSD. As the documentation does not support a diagnosis of CRPS, the documentation does not substantiate the request for Right Lumbar Sympathetic block. IRO recommends upholding prior decisions.

Recommendations are generally limited to diagnosis and therapy for CRPS. See [CRPS, sympathetic and epidural blocks](#) for specific recommendations for treatment. Also see [CRPS, diagnostic criteria](#); [CRPS, medications](#); & [CRPS, Lumbar Sympathetic Blocks](#): There is limited evidence to support this procedure, with most studies reported being case studies. *Anatomy*: Consists of several ganglia between the L1 and L5 vertebra. *Proposed Indications*: Circulatory insufficiency of the leg; (Arteriosclerotic disease; Claudication; Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically. *Adjunct therapy*: sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. *Complications*: Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia can occur with symptoms of burning dysesthesia in the anteromedial upper thigh. It is advised to not block at L4 to avoid this complication. *Adequacy of the block*: This should be determined, generally by measure of skin temperature (with an increase noted on the side of the block). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. ([Day, 2008](#)) ([Sayson, 2004](#)) ([Nader, 2005](#))

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

- ACOEM- AMERICAN 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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 12/21/2010.