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Notice of Independent Review Decision

DATE OF REVIEW: 07/06/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar sympathetic ganglion block

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Foot and Ankle 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar sympathetic ganglion block - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with M.D. dated 02/17/06

X-rays of the left ankle/foot interpreted by M.D. dated 03/08/06
An MRI of the left foot interpreted by M.D. dated 03/27/06
X-rays of the left foot/ankle interpreted by Dr. dated 03/27/06
An evaluation with M.D. dated 06/28/06
An arthrogram and post arthrogram MRI of the left ankle interpreted by Dr. dated 08/04/06
Evaluations with M.D. dated 09/22/06, 11/17/06, and 04/26/07
An operative report from Dr. dated 10/10/06
Evaluations with D.C. dated 02/17/07, 01/21/10, 03/12/10, 06/01/10, 08/06/10, 09/07/10, 10/06/10, 11/15/10, and 02/10/11
A Designated Doctor Evaluation with M.D. dated 07/09/07
Evaluations with M.D. dated 07/30/07 and 08/27/07
A Required Medical Evaluation (RME) with M.D. dated 08/16/07
An evaluation with M.D. dated 11/27/07
An operative report from M.D. dated 12/05/07
An evaluation with Dr. dated 12/20/07
A Designated Doctor Evaluation with M.D. dated 04/23/08
An impairment evaluation with dated 07/28/08
Evaluations with M.D. dated 06/11/09, 02/01/10, 11/08/10, 03/21/11, and 05/24/11
An MRI of the left ankle interpreted by M.D. dated 01/04/10
Laboratory studies dated 02/05/10
An evaluation with, M.D. dated 04/08/10
A Designated Doctor Evaluation with M.D. dated 08/26/10
A CT scan of the left ankle interpreted by Dr. dated 09/02/10
A bone scan of the feet and ankles interpreted by Dr. dated 09/17/10
A medical documentation review from M.D. dated 10/29/10
An EMG/NCV study interpreted by D.C. dated 12/21/10
A utilization review referral from Dr. dated 06/01/11
A phone conference with Dr. dated 06/03/11
A letter of non-certification, according to the Official Disability Guidelines (ODG), for a lumbar sympathetic ganglion block from M.D. dated 06/06/11
A letter of non-certification for the injection, according to the ODG, from M.D. dated 06/16/11
The ODG Guidelines were provided by the carrier/URA

PATIENT CLINICAL HISTORY

Dr. prescribed Norco and Naprosyn on 02/17/06. X-rays of the left ankle/foot interpreted by Dr. on 03/08/06 showed mild soft tissue swelling of the ankle. An MRI of the left foot interpreted by Dr. on 03/27/06 was unremarkable. X-rays of the left foot/ankle interpreted by Dr. on 03/27/06 were unremarkable. A left ankle MRI arthrogram interpreted by Dr. on 08/04/06 showed possible adhesive capsulitis and a small defect involving the lateral talar dome that probably represented localized osteochondritis dissecans. On 10/10/06, Dr. performed left ankle arthroscopy, excision of the fragmentation of the distal tibia and talar dome, and drilling of the lateral talar dome. On 07/09/07, Dr. felt the patient was not at Maximum Medical Improvement (MMI), but was expected to reach it on or about 12/09/07. On 11/27/07, Dr. prescribed Vicodin, Lunesta, and physical therapy. On 12/05/07, Dr. performed an extensive synovectomy of the ankle and osteochondral allograft in the anterolateral talus. On 04/23/08, Dr. placed the patient at clinical MMI as of 02/19/08 with a 12% whole person impairment rating. On 07/28/08, Dr. felt the patient was at MMI as of 02/17/08 with a 40% whole person impairment rating. On 06/11/09, Dr. recommended a repeat MRI or CT arthrogram of the left ankle. An MRI of the left ankle interpreted by Dr. on 01/04/10 showed postoperative changes of the medial and lateral talar domes, an avulsion fracture of the medial malleolus likely from previous injury, grade I strains of the deltoid ligament and anterior talofibular and calcaneofibular ligaments, and tibiotalar joint effusion with spur formation in the anterior tibiotalar joint likely from previous trauma. On 04/08/10, Dr. prescribed Vicodin, Zanaflex, Mobic, and Neurontin. A CT scan of the left ankle interpreted by Dr. on 09/02/10 showed a focal osteochondral defect involving the lateral talar dome with subchondral cystic changes, an old avulsion fracture of the medial malleolus with arthritic changes about the medial tibiotalar joint, and dystrophic calcifications along the distal tibiofibular interosseous ligament. A bone scan of the feet/ankles interpreted by Dr. on 09/17/10 showed arthritic changes of both ankles with suggestion of old avulsion fractures of the medial malleoli bilaterally. On 11/08/10, Dr. recommended an EMG/NCV study and sympathetic ganglion block. An EMG/NCV study interpreted by Dr. on 12/21/10 showed evidence of a left distal tibial neuropathy of the medial and lateral plantar nerves, as well as superimposed peripheral neurological pathology about the left superficial peroneal nerve probably due to extensive trauma/surgical intervention as well as resulting scar tissue formation. On 05/24/11, Dr. recommended a lumbar sympathetic chain block, physical therapy, new crutches, a handicap placard, and continued anti-inflammatories. On 06/06/11, Dr.

wrote a letter of non-certification for a lumbar sympathetic ganglion block. On 06/16/11, Dr. wrote a letter of non-certification for a lumbar sympathetic ganglion block.

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

Clearly, there is little to no objectively supportive documentation on clinical examination that there is evidence of a complex regional pain syndrome other than reports of pain that seems to be out of proportion. None of the other classic signs of a complex regional pain syndrome are documented or even present. Clinically, the minimum cardinal signs and symptoms of chronic regional pain syndrome are pain, swelling, stiffness, and discoloration of the skin as noted in the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition. If you reference the Fifth Edition AMA Guides it refers to eleven different criteria utilized for the diagnosis of chronic regional pain syndrome. According to the Fifth Edition, at least eight findings of the eleven must be present concurrently for a diagnosis of chronic regional pain syndrome or RSD. The clinical signs are skin color (mottled or cyanotic), skin temperature (cool), edema, skin dry or overly moist, skin texture (smooth or non elastic), soft tissue atrophy especially in fingertips, joint stiffness and decreased passive motion, nail changes (blemished, curved or talon-like), and hair growth changes (falls out, longer, finer). The radiographic signs would be radiographs indicative of bone changes, osteoporosis, and bone scan with findings consistent with chronic regional pain syndrome or RSD. There does not appear to be objective evidence of skin temperature changes, mottling of the skin, changes in sweating, or dystrophic changes of the extremity. It appears that there is evidence in the documentation that there is pain out of proportion. I do not believe there is enough supporting objective documentation in the records provided to support a lumbar sympathetic ganglion block at this time. Therefore, the requested lumbar sympathetic ganglion block is not reasonable or necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

AMA Guides, Fourth and Fifth Edition