

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/31/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Sympathetic Block of Rt Lumbar under fluoroscopy w/iv sedation

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

M.D., Board Certified in Anesthesiology & 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**

Carrier 5/3/11, 4/6/11  
Clinic 7/18/08 to 4/25/11  
Clinic 2/22/11  
Clinic 12/27/02  
Clinic 12/12/02 to 8/4/08  
Clinic 10/11/02 to 5/21/03  
Clinic 9/30/03 to 11/11/03  
ODG, Pain Chapter, CRPS

**PATIENT CLINICAL HISTORY SUMMARY**

This is a XX-year-old male patient with a date of injury of XX/XX/XX. Per the 3/14/11 OV note, he is complaining of "a lot of pain." There is no specific mention as to the location of this pain. Per the physical exam from 4/25/11 which documents "hyperesthesia across the right foot and leg... extending to the knee," it appears that the patient's complaints would involve the right lower extremity. The location of pain is also not documented in the OV notes from 4/21/11 and 4/25/11. The OV note from 4/21/11 states that the patient underwent a "presurgical sympathetic block" prior to arthroscopic knee surgery. There is no documentation of what percent pain relief the patient received, how long the pain relief lasted or if there was any increase in function.

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

According to the Official Disability Guidelines criteria for sympathetic blocks, "In the initial diagnostic phase (of a sympathetic block) if less than 50% improvement is noted for the duration of the local anesthetic, no further blocks are recommended." The percent of pain relief was not reported in this patient's case. The requested injection would be considered a therapeutic block. Per the ODG, "there should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase." There is no documentation of involving any type of active therapy with this requested

lumbar sympathetic block. ODG criteria has not been satisfied. The provider has not given a reason why the ODG should not be followed in this patient's specific case. The reviewer agrees with the prior reviewers and finds that the previous adverse determinations should be upheld. The requested Sympathetic Block of Rt Lumbar under fluoroscopy w/iv sedation is not medically necessary.

**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)