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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Sympathetic Nerve Block

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

MD, Board Certified Anesthesiologist
Board Certified in 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

Denial Letters, 1/21/11, 2/1/11
Pain Institute 8/18/10 to 1/12/11
Rehab, P.C. 10/20/09 to 1/5/11
Associates 10/20/09 to 8/31/10
M.D. 11/4/09 to 6/23/10
Radiological Association 3/11/10
9/24/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is female whose date of injury is xx/xx/xx. Records indicate she tripped over a scale and fell on her left knee on concrete floor. The injured worker was seen at the emergency department and x-rays showed patella fracture. The injured worker was put in a splint and sent home with pain medications. The injured employee underwent orthopedic evaluation by Dr. who ordered CT scan, which showed a fracture since x-ray was questionable bipartite patella. Injured employee was put in a cast, which was removed in March 2010. Subsequent CT scan showed almost complete healing, but the injured employee continued with a lot of pain in the knees. Injured employee underwent arthroscopy on 04/26/10 with synovectomy, chondroplasty and manipulation under anesthesia. Injured employee also had steroid injection on 06/23/10, which provided minimal temporary relief. Injured employee underwent designated doctor evaluation on 09/24/10, and was determined to have reached maximum medical improvement and was assigned a 3% whole person impairment rating. The injured employee continued with complaints of left knee pain. VAS score was noted as 5-6/10. A request for lumbar sympathetic nerve block was reviewed on 01/21/11 by Dr. who determined the request to be non-certified. Dr. noted that injured

employee complains of left knee pain. On physical examination she has essentially normal systemic findings with note of normal reflexes. He stated that the records submitted for review did not contain subjective and objective findings for which the proposed therapy was recommended as per reference guidelines. Dr. further noted there was no evidence that the proposed therapy was part of an evidence based rehabilitative plan aimed at restoration of function. Furthermore there was no documentation of the failure of trial of conservative therapy such as physical therapy, exercises and pharmacotherapy. Dr. also noted that prior block date and outcome to include ability to decrease medication, increase function, etc. was not documented and as such the request for left lumbar sympathetic nerve block was not certified.

By request for reconsideration dated 11/16/10, Dr. noted that injured employee has been suffering from pain due to a left knee patellar fracture. She has undergone previous treatments, which include injections, opioid medication, muscle relaxants and physical therapy. She continues with pain. Injured employee was noted to have undergone a sympathetic nerve block on 01/04/11 that provided 80-90% relief for several days and then 60-70% pain relief for the following couple of weeks. Dr. is confident that repeat nerve block will provide similar relief with added mobility, improved quality of life and increased activity.

An appeal request for lumbar sympathetic nerve block was reviewed by Dr. on 02/01/11. Dr. determined the request to be non-certified. Dr. noted that physical therapy examination of the left knee revealed range of motion of 0-80 degrees, strength measurement of left quadriceps was 19, hamstring was 19, and gait was antalgic; however, there was no documentation of recent assessment by the provider in the reviewed report. The initial lumbar sympathetic block L2, L4 on 01/04/11 showed response of 80-90% relief for several days, but there were no physical therapy progress reports to objectively document the clinical and functional response of the injured employee, which should be present in conjunction with the initial block. Dr. noted that without additional clinical information to support the request, certification was not established.

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

Based on the clinical information provided, the reviewer finds that the request for Lumbar Sympathetic Nerve Block is not medically necessary. The injured employee is noted to have sustained non-displaced patellar fracture secondary to a trip and fall on xx/xx/xx. The injured employee was determined to have reached maximum medical improvement per designated doctor evaluation as of 06/23/10 with a whole person impairment of 3%. The injured employee continues to complain of knee pain. She underwent a sympathetic nerve block on 01/04/11 that was reported to provide 80-90% relief. The injured employee then had a couple of bad days and then subsequently was getting 60-70% relief at rest. The injured employee was reported to be much more active since the injection. The injured employee reportedly has mild CRPS left lower extremity; however, there are no objective findings on clinical examination to support this diagnosis. Repeat sympathetic block is not supported by the ODG as medically necessary without objective evidence of CRPS of the left lower extremity. Based on the clinical information provided, the reviewer finds that the request for Lumbar Sympathetic Nerve Block 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)