

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: November 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LT Lumbar Sympathetic nerve blocks.

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

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF 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

Medical records from and Carrier include:

- Anesthesia & Pain Management, 01/08/01, 02/28/11, 05/19/11, 09/01/11
- Institute, 03/16/11
- Services Corporation, 09/07/11, 09/12/11, 09/19/11, 09/27/11

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Anesthesia & Pain Management, 01/08/01, 02/28/11, 05/19/11, 09/01/11
- Institute, 03/16/11
- Services Corporation, 09/07/11, 09/12/11, 09/19/11, 09/27/11

Medical records from the Provider include:

- Anesthesia & Pain Management, 01/08/01, 02/28/11, 05/19/11, 09/01/11, 10/10/11
- Institute, 03/16/11
- Services Corporation, 09/07/11, 09/12/11, 09/19/11, 09/27/11

PATIENT CLINICAL HISTORY:

The description of services in dispute is left-sided sympathetic nerve blocks.

The review outcome is partially overturned.

The guidelines references used are the Official Disability Guidelines (ODG), Treatment Index, 9th Edition, Webb, 2011, Under Pain Section – CRPS Treatment.

This is a female who sustained a work-related injury on xx/xx/xx. The reports indicate the patient had a longstanding history of pain dating back to March of 1999 of which, at that time, she sustained an open tibia/fibula fracture, requiring external fixation of the left lower extremity. The patient reportedly recovered from this injury and returned to work, indicating that she was living with her pain.

Reportedly in July of 2000, the patient aggravated her left lower extremity condition; this further disabled her. The patient was eventually diagnosed with a complex regional pain syndrome (RSD) of the left lower extremity.

The patient's pain complaints involving her left foot/leg have been well controlled for years by a pain management physician, D.O. Dr. has been providing the patient with a minimal amount of medication management with at least once a year performance of a left-sided lumbar sympathetic nerve block.

The last known of these injections was performed by Dr. on March 16, 2011. The postinjection follow-up note indicated returned back to baseline of the patient's exacerbation of the left lower extremity pain complaints. The patient is more functionally active. The patient's medication management was decreased.

The follow-up note by Dr. from October 10, 2011, documented exacerbations of the left lower extremity complaints consistent with complex regional pain syndrome. Of note: The patient continues to be employed in the workforce. Dr. Atlin notes that in the past, the two to three lumbar sympathetic nerve blocks performed in succession have helped calm this patient's pain syndrome down. The patient does not want to consider further high levels of interventional pain management procedures.

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

After review of the information submitted, a partially overturned (modified outcome), the medically appropriate and necessary would be to proceed with a left-sided lumbar sympathetic nerve block times one. This implies that the patient would have completed two injections within a seven-month period. The Official Disability Guidelines indicate that anywhere from one to three blocks can be given therapeutically as an adjunct to functional exercise. Rather than subject this patient to a series of three lumbar sympathetic nerve blocks, the medically appropriate treatment would be to perform

the procedure independently with the merit of the previous injection measured prior to proceeding with another injection.

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)