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IRO Certificate

*Notice of Independent Review Decision*

**DATE OF REVIEW 8/22/11**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Bilateral Lumbar Sympathetic Nerve Block under Fluoroscopy

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

Physician Board Certified in Anesthesiology and Pain Management

**REVIEW OUTCOME**

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

X Upheld	(Agree)
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Denial letters, 8/1/11, 7/27/11, 5/26/11  
Treatment summary 12/18/2006 - 07/16/2002  
Physical Performance Evaluation 7/20/2001  
Required Medical Exam Rpt, Dr. 8/7/00  
Supplemental report, Dr 9/1/04  
Diagnostic X-ray reports 1999 & 1998  
Clinical notes, Dr. 7/7/11 – 10/31/00  
Operative reports, Dr. 5/26/10 – 08/05/03  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured in xx/xxxx and has undergone a complicated course of treatment. RSD was diagnosed in the upper and lower extremities. Many invasive and behavioral modalities have been utilized without long-term improvement.

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

I agree with the decision to deny the requested Lumbar Sympathetic Blocks (“LSB”). ODG endorses LSBs on a limited basis, but previous LSBs have not resulted in long-term improvement. Also, psychological issues are prominent and pose a barrier to recovery. There is no reason to repeat LSBs, which have not provided long term relief previously.

**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)