

MATUTECH, INC.

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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: June 25, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar sympathetic nerve blocks

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

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is Board Certified in Anesthesiology and Fellowship Trained in Pain Management, with Certificate of Added Qualifications in Pain Medicine by the American Board of Anesthesiology. The reviewer has over 23 years of active and current experience in the clinical practice of pain management.

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI

- Utilization reviews (05/14/12 – 05/25/12)

M.D.

- Office visit (4/25/12)

Travelers Insurance

- Office visit (4/25/12)
- Utilization reviews (05/14/12 – 05/25/12)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

LHL602.

Information provided:

- (1) Utilization reviews of 5/14/12 and 5/25/12.
- (2) Medical records from Dr. from 4/25/12.

Clinical History:

This claimant allegedly sustained an injury to his right lower extremity on xx/xx/xx, when a piece of wood being picked up by machinery fell, hitting him in the right foot, allegedly causing a right tibial fracture. The claimant was evaluated by Dr. Rashid on April 25, 2011, for complaints of right groin, leg and foot pain. The patient was taking tramadol 50 mg every four hours without relief. Physical exam documented no swelling of the right leg, ankle or foot. There was palpatory tenderness of the medial malleolus, lateral malleolus, deltoid ligament, anterior talofibular ligament, calcaneofibular ligament, posterior talofibular ligament and insertion of the plantar fascia into the heel. Dr. diagnosed the claimant with plantar fasciitis and foot pain. He recommended two sets of lumbar sympathetic blocks as a diagnostic and therapeutic procedure.

Initial physician advisor review on May 14, 2012, recommended non-authorization of the requested procedure based on ODG guidelines and insufficient evidence of a diagnosis of CRPS. A second physician advisor recommended non-authorization of the request on May 25, 2012, also citing ODG guidelines and lack of physical exam evidence to establish a diagnosis of CRPS.

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

This claimant does not have any of the cardinal physical examination findings or pain complaints consistent with a diagnosis of CRPS. Specifically, physical exam documents no evidence of swelling, hypersensitivity, allodynia, skin changes, hair changes, decreased range of motion, color changes, temperature changes or hyperhidrosis. Similarly, the claimant does not have the typical complaints of CRPS. Lumbar sympathetic block, according to ODG treatment guidelines, is indicated for both diagnostic and therapeutic purposes when there is sufficient physical examination evidence of CRPS to necessitate doing the procedure to establish, or possibly treat, that diagnosis. The requesting physician had two opportunities to discuss the case with the physician advisors, but apparently never chose to take advantage of those opportunities. Based upon the clinical records provided from the requesting physician, the claimant does not meet ODG criteria for any lumbar sympathetic block. The recommendations for non-authorization of the request are, therefore, upheld. Lumbar sympathetic block is not medically reasonable, necessary or supported by ODG treatment guidelines for this claimant.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES