

SENT VIA EMAIL OR FAX ON
Mar/19/2012

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/15/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Central Cervical Block C5/6 under fluoro with IV sedation

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

Anesthesiology

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 01/27/12, 01/03/12

Follow up note dated 01/16/12, 12/19/11, 10/20/11, 09/06/11, 08/08/11, 09/29/11, 09/22/11

Initial pain evaluation dated 02/22/2000

Radiographic report dated 01/04/98, 01/04/99, 02/05/99

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. Initial pain evaluation dated 02/22/00 indicates that the patient developed RSD which lasted several years. Diagnosis was reportedly confirmed via stellate ganglion block in the left and right upper extremities with good relief. However, her pain has continued. There is then a gap in the treatment records until follow up note dated 08/08/11. The patient presents for further care regarding her left foot and leg pain complaints. She is having swelling, hyperesthesia and burning pain down her left foot and leg. Note dated 09/06/11 indicates that the patient has done extremely well with a combination of sympathetic blockade with neurologic treatments including a neuropathic pain medicine, behavioral, social and rehabilitative support. Follow up note dated 09/22/11 indicates that the patient presents with an edematous left arm and hand consistent with exacerbation of her CRPS. It has happened over the last couple of days. The patient underwent trigger point injections on this date. The patient's stimulator was reprogrammed. Note dated 10/20/11 indicates that the patient is stabilized. Note dated 12/19/11 indicates that the patient is eagerly waiting to go ahead with cervical epidural

blockade. Follow up note dated 01/16/12 indicates that she has decreased neck range of motion and moderate mid cervical interspinous tenderness. Her skin is chaffed in both hands. Her hands were cold and mottled skin appearance.

Initial request for central cervical block C5-6 was non-certified on 01/03/12 noting that there is no documentation of increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy with previous blocks and that physical or occupational therapy is to be incorporated with the duration of symptom relief of the block. The denial was upheld on appeal dated 01/27/12 noting that a more comprehensive physical evaluation with neurological assessment and special tests was not provided by the requesting physician. The patient had previous injections. However, objective documentation of functional response to injection was not provided. Furthermore, there was no objective documentation regarding failure of response to other less invasive evidence-based conservative modalities such as PT and medications. The routine use of sedation is not recommended.

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

Based on the clinical information provided, the request for central cervical block C5-6 under fluoro with IV sedation is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in May 1992; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is a gap in the treatment records from February 2000 until August 2011. There is no current, detailed physical examination submitted for review and no recent imaging studies/radiographic reports/electrodiagnostic results were provided. The patient's compliance with a home exercise program is not documented, and there is no plan provided for a program of evidence-based rehabilitative modalities to be utilized in conjunction with the requested block. Given the current clinical data, the request is not indicated as 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)