

# Prime 400 LLC

An Independent Review Organization  
8760 A Research Blvd., #241  
Austin, TX 78758  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/17/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar sympathetic block, Left L2 and L4

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

M.D., Board Certified Pain Medicine

**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**

Official Disability Guidelines  
Utilization review determination dated 04/16/12, 04/06/12  
Office visit note dated 03/29/12, 02/28/12, 01/31/12, 10/20/09, 10/23/09, 01/03/12, 09/30/09, 04/24/12  
Radiographic report dated 02/10/12  
MRI lumbar spine dated 02/10/12  
Bone density scan dated 11/10/09  
EMG/NCV dated 03/27/12  
Operative report dated 10/20/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient heavy piece of handrail when his knee gave out. The patient underwent arthroscopic repair of the ACL with debridement of the MCL in January 2006. Note dated 09/30/09 states that a CPM unit was prescribed postoperatively, but was not approved until 2 months postoperatively which may have led to contracturing of the joint. The patient underwent an additional arthroscopic surgery, which did not improve the situation at all. The patient has undergone approximately 4 additional arthroscopic surgeries on the knee and manipulations under anesthesia all in an attempt to remedy the contracture problem. has concluded that the patient has some sort of a perplexing tendency to form fibrotic scar within the knee joint. The patient underwent lumbar sympathetic block on the right at L2 and L4 on 10/20/09. Follow up note dated 10/23/09 indicates that the patient reported moderate improvement of his overall symptoms in the right leg for approximately 6 hours after the block's completion. The patient was then diagnosed with RSD/CRPS. There is a gap in treatment records until note dated 01/03/12. He has developed RSD in the right knee. For the last couple of months he has had some similar pain in the left lateral calf area going down into his foot. MRI of the lumbar spine dated 02/10/12 revealed no significant degenerative disease within the lumbar spine. EMG/NCV dated 03/27/12 is reported to be within normal limits.

Initial request for lumbar sympathetic block on the left side at L2 and L4 was non-certified on 04/06/12 noting that there is no convincing evidence of RSD in the left lower extremity. There has been no examination documenting vasomotor instability, hyperpathia, allodynia or trophic changes. The electromyographer raises the concern of psychosomatic disorder. Without a clinical examination that strongly supports the diagnosis of RSD, left sided sympathetic block is not supported. The denial was upheld on appeal dated 04/16/12 noting that the history and documentation do not objectively support the request for a lumbar sympathetic block on the left side at L2 and L4 for the purpose of ruling out CRPS spreading to his left leg. The EMG was nondiagnostic for left leg CRPS. It is not clear how this type of injection is likely to change his medical treatment. It is also not clear whether the patient has exhausted a course of conservative treatment for his left leg complaints.

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

It is unclear if the patient has undergone any treatment for the left lower extremity symptoms. There is no current, detailed physical examination submitted for review documenting vasomotor instability, hyperpathia, allodynia or trophic changes. The submitted EMG notes that a component of psychosomatic symptoms may be considered. Given the current clinical data, the reviewer finds the request for Lumbar sympathetic block, Left L2 and L4 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)