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Notice of Independent Review Decision

DATE OF REVIEW: 8/8/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity Right lumbar sympathetic nerve block under fluoroscopy with IV sedation at L4-5

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

The reviewer is a Medical Doctor who is board certified in orthopedics.

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)

The reviewer disagrees with the previous adverse determination regarding the Right lumbar sympathetic nerve block under fluoroscopy with IV sedation at L4-5

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed

Appeal Reconsideration Determination Letter

Complete Rationale for PreAuthorization 6/7/2013

Acknowledgment of request for Reconsideration/Appeal 6/3/2013

Proof of Service by mail 6/4/2013

Electronic proof of service 6/4/2013

Pre Authorization Request form

First Denial 5/8/2013

Complete Rationale for Pre Authorization 5/8/2013

Follow up Notes: 10/8/2012, 11/16/2012, 12/11/2012, 1/10/2013, 3/5/2013, 3/19/2013, 4/4/2013, 4/11/2013, 4/25/2013, 5/8/2013, 5/23/2013, 6/10/2013, 6/7/2013, 7/11/2013, 7/27/2013

Initial Pain Evaluation- MRI- 9/12/2012

Medical Center- 7/9/1998

Letter to Insurance - 9/12/2007

Operative Report- 5/2/1999

Records Reviewed:

Initial Pain Evaluation- MRI- 9/12/2012

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was noted to have been injured in xx/xxxx. He is post reconstruction surgery on the right knee. Despite prior treatments with medication, peripheral nerve injections , with therapy and restricted activities, he has had complaints of burning pain at the level of his right knee and maybe into the right lower extremity. Exam findings reveal an antalgic gait and the claimant walking with a cane. Physical examination findings have included right knee and leg allodynia, loss of hair growth, decreased temperature and loss of skin sensation. Diagnoses included neuropathic pain and complex regional pain syndrome. Denial letters noted the lack of bone scan corroboration and/or adjunctive physical therapy. Progress notes/appeal (most recently dated 7/11/13 reiterated that the subjective and objective findings.

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

Opinion: Overturn denials

Rationale: The diagnosis of complex regional pain syndrome has been reasonably established clinically. The claimant has failed extensive treatment for the condition over the years. There is no validity to the apparent inherent presumption that the requested injection would not be combined with adjunctive PT. The applicable guidelines support the injection both for diagnostic and therapeutic purposes in just such a select and limited clinical situation. Therefore, the treatment of the complex regional pain syndrome as requested is both reasonable and medically necessary at this time.

Reference: ODG Pain Chapter

Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in [Regional sympathetic blocks](#). Recommendations for the use of sympathetic blocks are listed below. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. See [Sympathetically maintained pain](#) (SMP). Repeated blocks are only recommended if continued improvement is

observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. ([Varrassi, 2006](#)) ([Cepeda, 2005](#)) ([Hartrick, 2004](#)) ([Grabow, 2005](#)) ([Cepeda, 2002](#)) ([Forouzanfar, 2002](#)) ([Sharma, 2006](#)) *Predictors of poor response*: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation. ([Hartrick, 2004](#)) ([Nelson, 2006](#)) *Alternatives to regional sympathetic blocks*: may be necessary when there is evidence of coagulopathy, systemic infection, and/or post-surgical changes. These include peripheral nerve and plexus blocks and epidural administration of local anesthetics. *Mixed conduction blocks (central neural blocks)*: suggested when analgesia is insufficient by pharmacologic means to support physical therapy: (1) Implanted catheters at the brachial or lumbosacral plexus: allows for 1 to 2 weeks of therapy. Side effects include technical failure and infection; & (2) Epidural tunneled catheters: allows for long-term therapy: Side effects: same as above. *Clonidine* has also been effective epidurally. ([Stanton-Hicks, 2006](#)) *Baclofen* has been demonstrated to be effective intrathecally to reduce dystonia. ([van Hilten, 2000](#)) *IV regional sympathetic blocks*: controversial due to varying success. Guanethadine was used, but is no longer available in the US. Bretylium and reserpine require daily blocks, and have potential side effects of transient syncope with apnea, orthostatic hypotension, pain with administration, nausea and vomiting. Bretylium provided more than 30% pain relief for a mean of 20 days compared to placebo. ([Hord, 1992](#)) Due to modest benefits and the invasiveness of the therapies, epidural clonidine injection and intravenous regional sympathetic block with bretylium should be offered only after careful counseling, and they should be followed by intensive physical therapy. Intravenous regional sympathetic block (Bier's block) with guanethidine and lidocaine resulted in excellent pain relief and full restoration of both function and range of movement of the affected extremity in patients suffering from CRPS-I of the hand. ([Paraskevas, 2005](#)) Local or systemic parecoxib combined with lidocaine/clonidine IV regional analgesia is an effective treatment for CRPS-I in a dominant upper limb. ([Frade, 2005](#)) See also [Sympathetically maintained pain](#) (SMP); & [Regional sympathetic blocks](#). **Recommendations (based on consensus guidelines) for use of sympathetic blocks**: (1) In the initial diagnostic phase if less than 50% improvement is noted for the duration of the local anesthetic, no further blocks are recommended. (2) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (3) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy. (4) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. (5) In acute exacerbations, 1 to 3 blocks may be required for treatment. (5) A formal test of the block should be documented (preferably using skin temperature). (6) Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. ([Burton, 2006](#)) ([Stanton-Hicks, 2004](#)) ([Stanton-Hicks, 2006](#)) ([International Research Foundation for RSD/CRPS, 2003](#)) ([Colorado, 2006](#)) ([Washington, 2002](#)) ([Rho, 2002](#))

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)