

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Sympatetic Block at L2, L

Physical Therapy 2-3 X wk X 4-6 weeks Right Foot/Ankle

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

Board Certified Anesthesiologist

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Radiographs of the chest dated 02/08/13

Radiographs of the pelvis dated 02/08/13

Radiographs of the left ankle dated 02/08/13

Radiographs of the right ankle dated 02/08/13

Radiographs of the left tibia and fibula dated 02/08/13

Radiographs of the right tibia and fibula dated 02/08/13

CT study of the right ankle dated 02/08/13

Clinical report dated 04/09/13

Physical therapy reports dated 04/11/13 – 04/26/13

Clinical reports fromxxxxxxx dated 05/22/13 – 07/11/13

Appeal letter dated 08/07/13

Prior reviews dated 08/05/13 & 08/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he fell. The patient sustained multiple comminuted fractures of the distal tibia in the right lower extremity. The patient did complete 7 sessions of physical therapy in xxx of xxxx. The patient was seen on xxxxxwith complaints of pain in the right foot and ankle. The patient was utilizing medications to include Hydrocodone, Gabapentin, and over the counter Advil as well as Etodolac. The

patient reported no benefits with physical therapy and reported his pain levels at 7/10 on the VAS scale with ambulation. Physical examination demonstrated an antalgic gait. There was edema noted at the right ankle and foot with subluxation and laxity noted on stress testing. Tenderness to palpation was present in the right ankle and foot as well as weakness. There was reduced range of motion in the right ankle secondary to pain. There were noted skin changes to include hyperhidrosis. There was decreased hair growth noted in the right ankle and foot with increased temperatures in the right foot as compared to the left. There was a brittle nail bed evaluation and decreased motor strength present. The patient was assessed with reflex sympathetic dystrophy in the right lower extremity and recommended for lumbar sympathetic blocks as well as post injection physical therapy. The patient did have a right lumbar sympathetic block completed on 06/10/13. Follow up on 07/11/13 stated that the patient continued to have pain in the right foot and ankle. There was a recommendation for additional lumbar sympathetic blocks. The appeal letter on 08/07/13 indicated the patient's findings were concordant with a diagnosis of reflex sympathetic dystrophy and that a series of lumbar sympathetic blocks would be appropriate followed by post injection physical therapy.

The request for repeat lumbar sympathetic blocks with post injection physical therapy was denied by utilization review on 08/05/13 as there was no documentation regarding response to the initial lumbar sympathetic block to support additional blocks.

The request was again denied by utilization review on 08/22/13 as there was no documentation of at least 50% improvement in the initial diagnostic phase from the primary injection to warrant additional injections.

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

The patient has been followed for ongoing complaints of right lower extremity pain at the foot and ankle. The patient's physical examination findings notes are consistent with CRPS; however, the clinical documentation lacked any specific responses to the initial lumbar sympathetic block performed on 06/10/13 that would warrant additional blocks. Per current evidence based guidelines regarding lumbar sympathetic blocks, there should be documentation regarding response to the initial injection to warrant subsequent injections. Given the lack of documentation regarding at least 50% improvement of the patient's symptoms and functional improvement, further blocks cannot be supported as medically necessary at this point in time. As the requested lumbar sympathetic blocks are not supported as medically necessary, the patient would not reasonably require post injection physical therapy at this point in time. Furthermore, current evidence based guidelines do not recommend any more than 1 to 2 sessions of physical therapy following injections and the 8 to 18 sessions requested for this patient would be excessive and not medically necessary. As the clinical documentation submitted for review does not meet guideline recommendations for the requested services, it is this reviewer's opinion that medical necessity for the request is not established and the prior denials are upheld.

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)