

AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: December 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64520 Lumbar Sympathetic Plexus Block. Left L2, L4, L5 x1; 72275 Epidurography; 99144 Moderate Sedation

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 15 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

05-04-11: Office Visit

05-04-11: Employers First Report of Injury or Illness

05-04-11: Associate Statement – Workers Compensation

05-04-11: Bona Fide Job Offer-Temporary Alternative Duty (T.A.D.)

05-11-11: MRI LT Knee WO

05-11-11: Progress Note

05-11-11: Bona Fide Job Offer-Temporary Alternative Duty (T.A.D.)

05-12-11: Therapy Progress Note

05-13-11: Texas Workers' Compensation Work Status Report

05-18-11: Therapy Progress Note

05-18-11: Office Visit dictated

05-18-11: Texas Workers' Compensation Work Status Report

05-20-11: Therapy Progress Note at Concentra dictated

05-20-11: Texas Workers' Compensation Work Status Report
05-24-11: Therapy Progress Note
05-26-11: Therapy Progress Note
05-27-11: Therapy Progress Note
06-03-11: PA and Lateral Chest X-ray
06-04-11: Labs and Results
06-08-11: Texas Workers' Compensation Work Status Report
06-09-11: Operative Report
06-10-11: Texas Workers' Compensation Work Status Report
06-22-11: Office Note
06-22-11: Texas Workers' Compensation Work Status Report
07-20-11: Texas Workers' Compensation Work Status Report
07-22-11: Therapy Progress Note
07-27-11: Therapy Progress Note
07-29-11: Therapy Progress Note
08-02-11: Therapy Progress Note
08-04-11: Therapy Progress Note
08-04-11: Texas Workers' Compensation Work Status Report
08-05-11: Therapy Progress Note
08-09-11: Therapy Progress Note
08-11-11: Therapy Progress Note
08-12-11: Therapy Progress Note
08-23-11: Therapy Progress Note
08-24-11: Therapy Progress Note
08-24-11: Texas Workers' Compensation Work Status Report
08-26-11: Therapy Progress Note
08-30-11: Therapy Progress Note
08-30-11: Bona Fide Job Offer-Temporary Alternative Duty (T.A.D.)
09-01-11: Office Note dictated
09-02-11: Therapy Progress Note
09-06-11: Therapy Progress Note
09-07-11: Office note dictated
09-07-11: Texas Workers' Compensation Work Status Report
09-08-11: Therapy Progress Note
09-15-11: Therapy Progress Note
09-16-11: EKG
09-17-11: AP and Lateral Chest X-ray dictated
09-19-11: Therapy Progress Note at Concentra
09-22-11: History and Physical
09-26-11: EKG, no dictation provided
10-10-11: Preoperative Evaluation
10-11-11: Operative Report
10-11-11: Discharge Order Form
10-12-11: Texas Workers' Compensation Work Status Report
10-14-11: Physical Therapy Note
10-24-11: Physical Therapy Note
10-25-11: Physical Therapy Note
10-26-11: Physical Therapy Note

10-31-11: Physical Therapy Note
11-02-11: Physical Therapy Note
11-03-11: Physical Therapy Note
11-07-11: Texas Workers' Compensation Work Status Report
11-08-11: Physical Therapy Note
11-09-11: Physical Therapy Note
11-10-11: Physical Therapy Note
11-15-11: Physical Therapy Note
11-16-11: UR performed
11-17-11: Physical Therapy Note
11-18-11: Physical Therapy Note
11-21-11: Office Note dictated
11-21-11: Texas Workers' Compensation Work Status Report
11-22-11: Physical Therapy Note
11-23-11: Physical Therapy Note
11-29-11: Physical Therapy Note
11-30-11: Physical Therapy Note
12-01-11: Physical Therapy Note
12-05-11: Office Note dictated
12-07-11: Physical Therapy Note
12-08-11: Physical Therapy Note
12-13-11: Physical Therapy Note
12-14-11: Physical Therapy Note
12-15-11: Physical Therapy Note
12-19-11: Office Note dictated
12-20-11: Physical Therapy Note
12-21-11: Physical Therapy Note
12-21-11: Office Note dictated
12-27-11: Physical Therapy Note
12-27-11: Physical Therapy Note
12-29-11: Physical Therapy Note
01-02-12: Office Note dictated
01-02-12: Texas Workers' Compensation Work Status Report
01-04-12: Office Note dictated
01-05-12: Physical Therapy Note
01-26-12: MRI Left Knee dictated
01-27-12: Office Note dictated
01-27-12: Texas Workers' Compensation Work Status Report
02-20-12: Office Note dictated
02-20-12: Texas Workers' Compensation Work Status Report
02-27-12: Office Note dictated
03-05-12: Office Note dictated
03-05-12: Texas Workers' Compensation Work Status Report
05-22-12: Initial Evaluation
05-29-12: Office Note dictated
05-29-12: Texas Workers' Compensation Work Status Report
06-01-12: UR performed
06-14-12: UR performed

07-02-12: Office Note dictated
07-02-12: Texas Workers' Compensation Work Status Report
07-03-12: Bona Fide Job Offer-Temporary Alternative Duty (T.A.D.)
09-19-12: Office Visit
09-19-12: Laboratory Report
09-26-12: UR performed
10-24-12: Request for Service Letter
11-02-12: UR performed
11-26-12: Office Note dictated
11-26-12: Bona Fide Job Offer-Temporary Alternative Duty (T.A.D.)
11-26-12: Texas Workers' Compensation Work Status Report

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured while working on xx/xx/xx when pulling a pallet of 82 merchandise to the large backroom when her left knee popped and she was unable to straighten in back out.

05-04-11: Office Visit. Claimant presented with leg pain and mechanical symptoms since injury. Claimant has past surgery history to the affected knee. The pain was immediate, located on left knee and rated at 8/10 without radiation. Her symptoms are exacerbated with kneeling, bending knee or walking and alleviated by resting and medications. Claimant is unable to walk normally. PE: Musculoskeletal: Left Knee: Claimant is in mild distress. Moderate swelling with mild effusion noted. Claimant is favoring left leg. Knee ROM is decreased to flexion extension. Claimant was unable to fully squat secondary to the pain and limited range of motion. Palpation of the knee reveals tenderness of the patella and medial joint line. Patellar apprehension test was positive on examination. Positive McMurray. Assessment: Sprain/strain knee/leg unspecified site 844.9. Plan: Continue previous medications; Lortab 7.5/500 PO Q8hrs PRN pain; claimant is to limit climbing stairs and ladders, limit squatting and kneeling; claimant should be sitting 100% of the time and instructed to be non-weight bearing on the affected extremity until recheck. Claimant is to limit lifting to approximately 10 lbs and should limit pushing/pulling to approximately 10 lbs. Claimant was instructed to continue use of provided brace/splint until recheck. Crutches were issued and fitted for claimant. Gait training was given to claimant by physical therapist and ice pack dispensed to be used PRN. Biofreeze tube provided and instructions given. Recheck after MRI.

05-11-11: MRI LT Knee WO. Impression: 1. Recurrent tear of the reconstructed ACL. 2. Focal thickening of the patellar tendon probably from being donor site for the reconstructed ACL. 3. Tricompartmental degenerative osteoarthritic changes. 4. Bone-on-bone articulation in the medial joint compartment with subchondral erosion and subchondral marrow edema in the medial femoral condyle. 5. Fibrous reaction in the anterior Hoffa's fat pad.

05-11-11: Progress Note. Claimant states left knee is better, still wearing brace a little pain not bad. Claimant feels the pattern of symptoms is stable and has been working within her restrictions. She describes her pain as aching, throbbing, and

worse after activity. Symptoms are exacerbated by twisting and squatting. PE: Musculoskeletal: Left Knee: Claimant is in mild distress, moderate swelling with mild effusion noted, and favoring left leg. Knee ROM is decreased to flexion extension. Claimant was unable to fully squat secondary to the pain and limited range of motion. Palpation of the knee reveals tenderness of the patella and medial joint line. Patellar apprehension test was positive on examination. Positive McMurray. Assessment: 1. Anterior cruciate tear, 717.83. 2. Joint derangement, site unspecified, 718.80. 3. Sprain/strain knee/leg unspecified site, 844.9. Plan: Claimant to complete the physical therapy program as they transition to regular duties. Continue previous medications. Claimant to limit climbing stairs and ladders, squatting and kneeling, should be sitting 25% of the time, and limit walking to 4 hours per day. Claimant instructed to continue use of brace/splint until recheck and crutches 25%. Recheck in one week. Claimant referred to general orthopedic surgeon for further evaluation.

05-18-11: Office Visit. Objective: PE shows that claimant has limited ROM of her left knee. There is a 10 degree extension lag, flexion to 90 degrees, anterior instability with a positive anterior drawer as well as a positive Lachman. There is some crepitus on motion. Plan: Claimant advised to have left knee examination under anesthesia, arthroscopy, reconstruction of anterior cruciate ligament tear, debridement of chondromalacia and possible chondroplasty. Claimant has been taking of work due to increased periods of standing that has contributed to increased swelling and pain. She is not able to tolerate these activities.

06-09-11: Operative Report. Preoperative Diagnosis: Left knee torn anterior cruciate ligament and severe chondromalacia. Postoperative Diagnosis: Left knee torn cruciate ligament, torn medial meniscus, severe chondromalacia of the medial and lateral femoral condyle as well as the medical tibial plateau. Prescribed Venaflo Elite Foot Cuff.

06-22-11: Office Note dictated. Claimant has been working on motion. PE: with percussion, claimant can flex to 90 degrees but no further. Plan: Claimant advised to continue work on range of motion over the next four weeks. Recheck in four weeks to begin physical therapy. Recommend to go ahead with reconstruction of her anterior cruciate ligament.

09-07-11: Office note. Claimant continues to have problems with pain and both her and her therapist feel that her knee is unstable and she is having problems because the anterior cruciate ligament was not repaired. Claimant reported that her knee is giving away and she is having difficulty with full extension. Objective: PE showed ROM with 15 degrees extension lag and 110 degrees of flexion. There is notable anterior laxity with a positive anterior drawer as well as a positive Lachman. There is a positive shift and jerk. Claimant limps with ambulation. Plan: Claimant advised that her knee is unstable. Recommend left knee examination under anesthesia, arthroscopy and anterior cruciate ligament reconstruction. Prescription for Norco 10 mg with thirty tablets and two refills given for pain control.

09-22-11: History and Physical. Chief complaint: left knee pain and instability. PE: Extremities: The claimant has a 15 degree extension lag and 110 degrees of flexion. There is notable anterior laxity with a positive anterior drawer and positive Lachman. There is a positive pivot shift and jerk. The claimant does limp when ambulating. Plan: 1. Left knee examination under anesthesia, arthroscopy, and anterior cruciate ligament reconstruction.

10-11-11: Operative Report. Preoperative Diagnosis: Left knee torn anterior cruciate ligament. Postoperative Diagnosis: Left knee torn anterior cruciate ligament.

10-11-11: Discharge Order Form. Diagnosis: Left knee torn ACL. Discharge Meds: Norco. Activity: WBAT, crutches, knee immobilizer. Follow up on 10/11/11.

11-16-11: UR performed. Reason for denial: The claimant has complaints of left knee pain. The claimant reportedly had the onset of pain while pulling a pallet of merchandise. The claimant is now status post left knee surgery on 6/9/11. Although ACL repair had been authorized only a chondroplasty was performed. The claimant attended post operative therapy. ACL repair was again authorized and apparently performed on 10/11/11 and the claimant has been attending post operative therapy. Therapy note dated 11/9/11 reviewed. The claimant reported improvement. Exam showed 10-80 degrees of motion. The request is for purchase of a NMES. On 11/17/11, spoke whom stated that the claimant has continued pain and swelling of the leg. The NMES is to address the pain and swelling as well as to help with VMO retraining. She stated that electrical stimulation is being used during the monitored therapy. Recommend adverse determination. ODG guidelines recommend NMES as an optional treatment in the early rehab after ACL repair but the high intensity stimulation needed precludes home use. The claimant is undergoing electrical stimulation while at monitored therapy. There is inadequate reason for home use of NMES and no reason for purchase of this device for long term home use.

12-05-11: Office Note. Claimant continues to have difficulty with movement and with pain. Note from therapy dated 12/1/11 stated she is frustrated that she is not improving. Objective: PE shows that the claimant's wounds are benign. ROM is from a 10 degree extension lag to 95 degrees of flexion. There continues to be notable weakness in the quadriceps. Her extension lag actively is still about 30 degrees. She continues to be very tender to palpation at the incision as well as across most of anterior knee. Plan: Claimant has been advised to continue therapy. Given a prescription for a Flector patch to try to alleviate some of her knee pain, will recheck in two weeks.

12-19-11: Office Note. Claimant stated doing better with Flector patch. She is still limping and is concerned about this and wants to discontinue knee immobilizer. Note from therapy advises that she has flexion of 110 degrees and extension of -5 degrees. It is recommended to continue therapy. PE reveals notable weakness in the quadriceps and continues to have quite a bit of tenderness at the incision

site. Plan: Claimant may wean away from her knee immobilizer and is to continue therapy.

12-29-11: Physical Therapy Note. Claimant reported continuous pain and swelling in her left knee with pain on the medial and lateral aspect of the knee and it hurts with every step. HEP continued. Assessment: Claimant is making slow progress yet works hard in the clinic and continues to have swelling and 2" above and at joint line with pain on the medial and lateral aspect of the knee. She continues to demonstrate limitations in functional ROM for mobility of L knee and was kept in immobilizer for an extended time yet has not obtained full extension. Claimant continues to experience sharp pain and is concerned that something is not right with her knee. Possible further action or diagnostic testing needed. She would benefit from additional sessions to reach stated goals set. Plan: Progress with plan of care as outlined in the evaluation, recommended for her to continue with plan of care 3x week x 4 weeks progressing toward stated goals set by supervising PT, Bryce Olson, PT. Status: Claimant is compliant with treatment and exercise protocol yet slow progression being made at this time.

01-02-12: Office Note. Claimant was advised that she needs to consider going ahead with a functional capacity exam and work conditioning. She does not feel that she can tolerate this and it would be best to go ahead with a repeat MRI to determine why she is having continued significant pain that is not progressing as would have expected with physical therapy.

01-26-12: MRI Left Knee. Impression: 1.

Postoperative changes with ACL reconstruction. No evidence of tear of the graft. There is some mild high signal in the fibers which could be post surgical and due to evolution of the graft at this point. 2. Severe chondromalacia in the medial compartment and also relatively prominent but not as severe chondromalacia in the lateral compartment. There is also chondromalacia patella. The degree of chondromalacia in the medial compartment is increased prominently since the 2007 exam.

01-27-12: Office Note. Claimant has continued complaints of limping and not able to gain motion. She is not able to fully extend her knee for ambulation. PE shows that the claimant has motion as before from flexion of 100 degrees and extension of -5 degrees with notable weakness in the quadriceps. She continues to have quite a bit of tenderness at the incision. Plan: Recommend continuing rehabilitation if her pain can be controlled and proceed with series of Synvisc injections. If this is able to relieve her pain, she may be able to proceed with work conditioning program as previously planned.

02-20-12: Office Note. Claimant left knee injected with 2 ml of Synvisc. Recheck in this office in one week for repeat injection in a series of three injections. She is encouraged to continue her HEP at this point.

02-27-12: Office Note. Claimant reported that first injection did not help. She received second injection to left knee with 2 ml of Synvisc. Recheck in one week for final injection and continue HEP.

03-05-12: Office Note. Claimant reported that neither injection helped with pain. She received final injection to left knee with 2 ml of Synvisc. Recheck in one week and continue HEP.

05-22-12: Initial Evaluation. Chief complaint: left knee pain with swelling allodynia mottling discoloration that began on xx of xx DOI and since has had severe excruciating and intractable pain with burning sensation, shininess to the skin, and significant ROM deficits. PE: Extremities: The extremities are with edema to the left knee and claimant has swelling up into mottling discoloration coolness to palpation to the left knee which has been ongoing since her injury and subsequently all symptomology has remained the same. Assessment: 1. Left knee pain with swelling of any mottling discoloration coolness to palpation a burning sensation with shininess to the skin and significant swelling. Plan: 1. Recommend lumbar sympathetic plexus block on the left side as this is the treatment of choice and it is the standard of care and medically indicated and medically necessary. 2. Recommend to continue medication including hydrocodone, Naprosyn, muscle relaxants and start Avapro and Elavil. 3. Continue physical therapy and we will continue to exhaust all more conservative modalities.

05-29-12: Office Note. Claimant stated she feels she is getting worse. She is doing some better after starting Naprelan and Lorzone. PE shows claimant has better motion than before movements from flexion of 105 degrees to extension of -10 degrees. There is pain with weight bearing and movement located at the medial joint. Plan: Claimant at some point should consider total knee replacement and it is apparent that she has developed post traumatic arthritis. Recommend further pain management before considering further surgery. Recheck in one month. She is awaiting approval for nerve block. Claimant is encouraged to continue HEP.

06-01-12: UR performed. Reason for denial: Pain management provider documents a history of 4 knee surgeries and is recommending a lumbar sympathetic block for unknown diagnosis. The request is submitted under diagnosis of 717.36 Internal derangement loose body in the knee. There is no ODG recommendation for lumbar sympathetic plexus block for this diagnosis. Recommend denial.

06-14-12: UR. This is a case of knee pain with a reinjury of a previously repaired ACL. The notes indicate that pain is out of proportion to the injury and a lumbar sympathetic block is proposed. The physical examination findings document some signs and symptoms of neuropathetic symptomatology, but do not meet the criteria for diagnosis established by the ODG for consideration of sympathetic blockade based upon the provided documentation. Recommend denial.

09-19-12: Office Visit. The claimant has continued with physical therapy at home and has exhausted all more conservative modalities. She has been cooperative with her medical care and has carried out all instructions and has been compliant with the care. The claimant remains gainfully employed even though she has severe pain and has difficulty walking and has difficulty at night secondary to the excruciating burning pain. Assessment: 1. Left knee pain with swelling of any mottling discoloration. Burning sensation and coolness to palpation. Plan: 1. Recommend proceeding with lumbar sympathetic plexus block on the left side at L2, L4, and L5 as this is the treatment of choice and is the standard of care. This claimant continues to have severe and intractable pain to the left knee and without proper treatment or by withholding treatment her condition has deteriorated significantly. 2. Claimant has continued to remain cooperative with overall care and continued with physical therapy at home as well as taking the appropriate medications and she is still gainfully employed.

09-26-12: UR. Reason for denial: This case was previously reviewed and denied on initial and appeal level there is no history of IRO. This is the second time I have reviewed this request for the same procedure. The claimant received denial for the same procedure on 6/12. She has been seen back in the office since then who has re-requested the lumbar sympathetic block. There has been no apparent change in medical status documented and no change in physical examination findings. The documentation still does not meet the diagnostic criteria by the ODG for consideration of the diagnosis of CRPS and subsequent treatment. Recommend denial.

11-02-12: UR performed. Reason for denial: This request has been reviewed and denied on three separate occasions. There is not new clinical. There is no indication that there has been interval exam by the orthopedic surgeon that made the pain management referral. Objective imaging documents advanced osteoarthritis with 5/2011 MRI noting bone on bone articulation of medial joint compartment. Recommend denial.

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

Denial of Lumbar Sympathetic Block's upheld/agreed upon. Submitted clinical information regarding the block denotes generic diagnosis of "knee pain". Submitted information does not mention nor support the diagnosis of CRPS. There is no neurologic exam and no other submitted diagnostic studies such as x-rays, bone scan or EMG/NCS to support diagnosis of CRPS. Therefore, Sympathetic block is not medically necessary per ODG Pain Chapter or clinical presentation. After review of medical records and documentation, the request for 64520 Lumbar Sympathetic Plexus Block. Left L2, L4, L5 x1; 72275 Epidurography; 99144 Moderate Sedation is denied.

Per ODG:

Lumbar sympathetic block	Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain
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	involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement . Should be followed by intensive physical therapy. (Colorado, 2002)
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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)