

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left lumbar sympathetic block under fluoroscopy with IV sedation x 2; done 1 each week

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and 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. It is this reviewer's opinion that medical necessity is established for the requested left lumbar sympathetic block under fluoroscopy with IV sedation x 2; done 1 each week.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Consultation report dated 10/31/12

Clinical report dated 12/07/12

Clinical reports dated 03/08/13 – 05/16/13

Procedure note dated 04/23/13

Prior reviews dated 05/08/13 & 06/18/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when she caught her foot on a table leg twisting her knee. The patient is noted to have undergone a prior knee arthroscopy in December of 2012. Postoperatively, the patient was seen on 03/08/13 with complaints of persistent left knee pain associated with swelling, sensitivity to touch, involuntary spasms, and weakness. The patient's initial physical examination findings demonstrated mild increased sensitivity to touch in the anterior and posterior aspects of the left knee as compared to the right. The left knee felt warm to touch compared to the right and sensation was intact. The patient was started on Cymbalta as well as Gabapentin for possible CRPS. The patient was also recommended for a sympathetic blockade. Follow up on 03/21/13 indicated the patient was unable to tolerate increased levels of Gabapentin and Cymbalta was increased to 60mg. daily. The patient was again recommended for a sympathetic blockade followed by aggressive therapy. The patient did undergo a left lumbar sympathetic nerve block on 04/23/13. Follow up on 04/25/13 stated that the patient had significant reduction in pain for approximately 2 days with return to baseline pain. The patient was recommended for additional 2nd and 3rd sympathetic blocks to be performed in succession. The patient returned on 05/16/13 with continuing complaints of left knee pain. indicated that other potential causes of the patient's symptoms were ruled

out such as systemic lupus, rheumatologic disorders, or thyroid disease. felt that there was no psychological impairment. The patient was again recommended for a series of sympathetic blocks in combination with therapy.

The requested lumbar sympathetic blocks every 2 weeks with IV sedation was denied by a utilization review on 05/08/13 as there were no bone scans available for review further supporting a diagnosis of CRPS.

The request was again denied by utilization review on 06/18/13 as there was no documentation of bone scans demonstrating evidence of RSD. There was no reported decrease in pain utilizing VAS scores or increased function that would support additional lumbar sympathetic blocks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for persistent left lower extremity pain following a left knee arthroscopy. Per clinical reports, the patient had moderate swelling extending into the left knee and left foot which increased hypersensitivity. No clear allodynia was identified. The patient was allowed the initial lumbar paravertebral sympathetic block on 04/23/13 and follow up report on 04/25/13, the patient had an unspecified but significant reduction in pain with less swelling and improved range of motion at the left lower extremity. Given report regarding significant reduction in pain as well as improved function with increased range of motion and less swelling, this would support that the response of the patient to the lumbar sympathetic block, therefore confirming the presence of CRPS. Per Official Disability Guidelines, further injections in combination with aggressive therapy are a recommended modality for the treatment of CRPS. The patient has experienced increased function with prior lumbar sympathetic blocks and it is reasonable to allow further lumbar sympathetic blocks to be performed to address the continuing left lower extremity symptoms reported. As such, it is this reviewer's opinion that medical necessity is established for the requested left lumbar sympathetic block under fluoroscopy with IV sedation x 2; done 1 each week.

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)