

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Sympathetic Nerve Block at L3-L5 64520

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

Anesthesiologist 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MMI and impairment rating exam by Dr. dated 09/06/12
Functional capacity evaluation dated 06/14/12
Physical therapy evaluation dated 03/21/12
Physical therapy discharge summary dated 08/10/12
Radiographs of the left ankle dated 02/16/12
Clinical notes by Dr. dated 05/02/12 – 03/18/13
Venous Doppler study dated 05/11/12
Three phase bone scan dated 05/15/12
Electrodiagnostic studies dated 05/30/12
Procedure note dated 08/31/12
Prior reviews dated 04/08/13 & 05/02/13
Phone call report dated 04/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he sustained an oblique fracture of the metadiaphysis of the distal fibula with posterior displacement of the fractured segment. This required surgical repair. Following the surgical repair, the patient developed severe pain in the left lower extremity and left ankle. The patient was evaluated for possible CRPS and three phase bone scans completed on 05/15/13 identified increased radiotracer accumulations of the left foot and ankle. Electrodiagnostic studies completed on 05/30/12 were normal. The patient was recommended for left L3 through L5 sympathetic nerve blocks and the clinical report by Dr. dated 08/27/12 indicated that the patient had a 100% response from the prior L3 through L5 sympathetic nerve blocks. Repeat left L3 through L5 sympathetic nerve thermocoagulation was performed on 08/31/12. Post-procedure follow up on 09/13/12 indicated the patient had significant improvement from the radiofrequency ablation procedures. The patient was able to complete activities of daily living with no assistance. The patient did report intermittent low back pain ascending posterior to the left lower extremity. Physical examination was within normal limits. Overall, the patient reported 50% improvement in his symptoms from the radiofrequency ablation procedures completed in August of 2012. A spinal cord stimulator trial was discussed with the patient. There was a gap in clinical information and the next clinical report was on 03/18/13. The patient indicated that he was having an increase in the amount of pain in the left foot. The patient was noted to be unable to take medications due to gastroenteritis. Physical examination at this visit identified no significant findings. The patient did report burning pain to the right lower extremity and the patient was recommended for right L3 through L5 sympathetic nerve blocks.

The requested right L3 through L5 sympathetic nerve blocks was denied by utilization review on 04/08/13 as there was no evidence of any findings consistent with CRPS on physical examination. There was also no indication the patient failed conservative treatment for the right lower extremity.

The request was again denied by utilization review on 05/02/13 as there was no evidence on physical examination consistent with CRPS in the right lower extremity.

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

The patient has been followed for a history of CRPS in the left lower extremity following an extensive fracture to the left ankle. This was successfully treated with the use of selective nerve root blocks and radiofrequency ablation procedures. The most recent clinical report indicated the patient had beginning symptoms of CRPS in the right lower extremity. However, the patient's most recent physical examination was negative for any evidence consistent with CRPS to include allodynia, skin mottling, hyperhidrosis, or temperature changes. Given the absence of objective findings consistent with CRPS and as the clinical documentation provided for review does not establish the patient has failed conservative treatment for the right lower extremity, it is this reviewer's opinion that medical necessity for the requested right L3 through L5 sympathetic nerve blocks 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:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES