



Notice of Independent Review Decision - WC

DATE OF REVIEW:

08/29/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Sympathetic Nerve Block with Sedation

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

Board Certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute.

Lumbar Sympathetic Nerve Block with Sedation – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar Spine MRI, 08/12/08
- Consultation, 10/13/08, 07/15/11
- Follow Up, 10/20/08, 11/03/08, 11/17/08, 03/23/09, 08/14/09, 10/20/09, 11/23/09, 03/01/10, 05/17/10, 08/26/10, 10/04/10, 11/29/10, 01/24/11, 07/11/11, 07/27/11, 08/19/11, 11/07/11, 03/13/12, 06/11/12
- Electrodiagnostic Report, 10/28/08
- Operative Report, 10/07/09, 11/11/09, 02/16/10, 06/21/11
- New Patient Consultation, 05/25/10

- Lumbar Spine MRI, 08/31/10
- Radiology Report, 01/24/11, 11/07/11
- Behavioral Medicine Evaluation, 02/22/11
- Office Visit, 08/30/12, 09/10/12, 11/13/12, 12/13/12, 01/15/13, 01/28/13, 03/15/13, 04/16/13, 05/24/13, 06/21/13, 07/08/13
- Pre-Authorization, 05/30/13, 07/10/13
- Denial Letters, 06/04/13, 07/17/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had low back pain and right leg pain after a metal credenza fell over and she caught it, had to brace it, which then aggravated her back. She had no spinal injections, but she had been to physical therapy. She had tried Hydrocodone and Tramadol. Electrodiagnostic studies showed evidence suggesting a mild to moderate lumbosacral radiculopathy in either the L5 or S1 myotome. The patient continued with low back pain and right leg pain. An L5-S1 epidural steroid injection (ESI) was performed and initially had good results, but the pain was starting to come back. A second ESI was performed. An L5 laminectomy and S1 partial laminectomy was performed and reported significant improvement in her symptoms afterwards. Unfortunately, she had recurrence of back pain and right leg pain was worsening. The patient suffered from chronic right leg weakness. An L5-S1 injection was performed and she reported improvement in her pain, but still remained weak. An L5-S1 posterior fusion; L5-S1 instrumentation, and allograft for spinal fusion was performed. An L5-S1 radical discectomy to the level of the posterior longitudinal ligament including both lateral recesses and foraminal decompression; L5-S1 intravertebral device place, and L5-S1 anterior lumbar interbody fusion was performed. Afterwards, she complained of severe weakness in the right leg. The patient was then continued on Hydrocodone and Lyrica. Ultram ER was added. The patient continued with back pain and right leg pain. A sympathetic nerve block to assess right leg hypersensitivity was requested.

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

The current medical records document findings supportive of a radiculopathy. Official Disability Guidelines (ODG) indicate sympathetic nerve block is medically indicated for treatment of CRPS I and CRPS II, both for differential diagnosis and treatment. At this time, the current medical records did not document subjective complaints that would correlate with CRPS I or II, did not document physical examination findings that would correlate with CRPS I or II or a reflex sympathetic dystrophy. Therefore, at this time, with this patient that is status post L5/S1 fusion with findings for a radiculopathy, the medical records do not support a lumbar sympathetic nerve block with sedation within ODG recommendations.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**