

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

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)

Description of the service or services in dispute:

OP Rhizotomy Lumbar Sympathetic Nerve Lt (Anesthesia pnr) with Fluoro

Patient Clinical History (Summary)

The patient is a female who reported an injury to her low back. A clinical note dated 12/23/13 indicated the patient utilizing Flexeril for pain relief. Mobility was decreased throughout the lumbar spine. Tenderness was revealed at the left sciatic notch. The patient had positive sitting root and straight leg raise on the left. Sensory deficits were identified to the left L5 distribution. The patient had positive Slump test on the left. The operative note dated 07/08/14 indicated the patient undergoing sympathetic block on the left. A clinical note dated 09/22/14 indicated the patient reporting three week pain relief following the sympathetic block. The patient was recommended to initiate the use of baclofen for pain relief. A clinical note dated 10/06/14 indicated the patient utilizing Neurontin and Robaxin for pain relief. The patient currently had a current smoking habit of one half pack per day. The patient was recommended for sympathetic block. The patient had findings consistent with CRPS in the lower extremities. Tenderness was moderate in the left ankle. Swelling was identified at the left feet. The Utilization review dated 09/26/14 and 10/20/14 resulted in denials for sympathetic blocks as inadequate information had been submitted confirming the need for the procedure.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient complains of ongoing low back pain. The patient has findings consistent with CRPS in the left lower extremity. The use of sympathectomy is not indicated as no high quality studies have been published in peer reviewed literature supporting the safety and efficacy of use of the proposed procedure. Without supporting evidence in place the request is not fully indicated as medically necessary. As such, the opinion of this reviewer that the request is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)