

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Op left L3 L4 L5
sympathetic block 64520

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

Board Certified Anesthesiology

REVIEW OUTCOME:

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

X 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as jumping. Office visit note dated 05/02/12 indicates that the patient presents with left foot pain rated as 4/10 with pain medication. Assessment is foot pain and RSD of leg. Bone scan dated 05/15/12 reports that differential diagnosis includes RSD versus a stress fracture. Note dated 06/27/12 indicates that conservative treatment includes narcotic and muscle relaxants with little relief. The patient subsequently underwent L2, L3 and L4 sympathetic nerve block on this date. Follow up note dated 07/10/12 indicates that pain is still rated as 4/10. The patient reports 60% improvement in pain. The patient underwent left L2, L3 and L4 sympathetic nerve block on 08/02/12 and reported 100% pain relief on follow up note dated 08/20/12. The patient underwent left L3, L4 and L5 sympathetic nerve radiofrequency thermocoagulation on 08/31/12. Follow up note dated 09/13/12 indicates that patient reports 50% improvement in pain. Note dated 10/03/13 indicates that the patient feels well with no complaints. The patient complains of

RSD of the left foot. Medications are listed as Lovastatin and Soma. Follow up note dated 01/06/14 indicates that primary area of discomfort is the proximal foot, dorsal surface and Achilles tendon. On physical examination skin moisture and temperature are noted. The patient reportedly exhibits skin discoloration along with swelling.

Initial request for left L3, L4, L5 sympathetic block was non-certified on 01/09/14 noting that the current examination did not reflect specific findings consistent with sympathetically mediated pain including objective evidence of hyperalgesia and/or allodynia as well as temperature asymmetry. There was also no documentation of any sudomotor or trophic changes. There was no indication that other diagnoses had been excluded. Further, guidelines indicate that the block should be followed by intensive physical therapy. There was no noted plan for participation in active rehabilitation in the recent report. Objective evidence of functional improvement with previous injections was also not noted. There was no documentation of increased range of motion, medication use reduction and increased tolerance of activity and touch (decreased allodynia) as stipulated in the guidelines. The denial was upheld on appeal dated 02/17/14 noting that the Official Disability Guidelines state that lumbar sympathetic blocks are indicated for the diagnosis and treatment of CRPS I and II. The provided medical records indicate that at the most recent evaluation increased pain with swelling and discoloration were reported; however, specific findings of RSD or CRPS I were not reported, such as the presence of sudomotor changes or edema, motor and atrophic changes, and sensory changes such as hyperalgesia. The guidelines also state that the injection should be followed by intensive physical therapy, and no plan for an intensive rehabilitation program was noted.

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

Based on the clinical information provided, the request for OP left L3, L4, L5 sympathetic block is not recommended as medically necessary, and the two previous denials are upheld. There is no indication that the patient has undergone any recent active treatment. The patient's physical examination fails to establish the presence of sympathetically mediated pain. As noted by the previous reviewer, there is no documentation of hyperalgesia and/or allodynia as well as temperature asymmetry. There was also no documentation of any sudomotor or trophic changes. There is no indication that the patient has ever undergone a course of intensive physical therapy or that there is a plan for future physical therapy after sympathetic blocks as recommended by the Official Disability Guidelines. Given the current clinical data, the requested block is not indicated as medically necessary.

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

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**

ODG Pain Chapter

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 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)