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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 3 right lumbar sympathetic blocks under fluoroscopy with intravenous sedation (once a week for three weeks)

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 the opinion of this reviewer that the request for 3 right lumbar sympathetic blocks under fluoroscopy with intravenous sedation (once a week for three weeks)

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his right knee. The required medical evaluation dated 08/14/13 indicates the patient complaining of periodic swelling at the right knee. The patient rated the ongoing right knee pain as 5/10. The patient reported immediate sharp pain at the medial side of the knee with significant swelling. The note indicates the patient having previously undergone an arthroscopy at the right knee on 09/24/12 with a partial meniscectomy. The note indicates the patient had been utilizing a hinged knee brace for ambulatory stability. The operative note dated 02/11/14 indicates the patient having undergone a right knee total knee arthroplasty. The clinical note dated 05/14/14 indicates the patient continuing with right lower extremity pain. The note indicates the patient responding appropriately to the use of Norco with a reduction in pain. The patient reported swelling, hyperesthesia, and involuntary spasms. Based on the Harden criteria and according to the clinical note, the patient has symptoms associated with complex regional pain syndrome. The patient was being recommended for a sympathetic blockade at that time. The clinical note dated 05/28/14 indicates the patient being treated with medications.

The patient continued with complaints of sensitivity and a burning sensation at the dorsum of the right knee. The note indicates the patient having moderate hyperesthesia and allodynia with soft touch at the right lower extremity. The clinical note dated 07/11/14 indicates the patient showing moderate to severe right knee pain associated with swelling, hyperesthesia, allodynia, and temperature and color changes. There is an indication the patient has undergone an MRI at the right knee. The patient rated the pain as 8-9/10 at that time. The note does indicate the patient utilizing Gabapentin and Hydrocodone. The note also indicates the patient ambulating with an antalgic gait.

The utilization review dated 05/30/14 resulted in a denial for a 3 lumbar sympathetic blocks as no comprehensive evaluation had been submitted confirming the patient's CRPS diagnosis.

The utilization review dated 06/26/14 resulted in a denial for the sympathetic blocks as insufficient information had been submitted supporting the diagnosis of CRPS.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of right lower extremity pain with associated allodynia, temperature changes, and color changes. Sympathetic blocks are indicated to address chronic regional pain syndrome following a course of conservative treatments. The patient has ongoing complaints of hyperesthesia and allodynia with soft touch at the right lower extremity. Given the significant findings identified by clinical exam associated with chronic regional pain syndrome symptoms and taking into account the previous completion of conservative treatments, the requested sympathetic blocks under fluoroscopy with IV sedation is indicated. Therefore, this request is reasonable. As such, it is the opinion of this reviewer that the request for 3 right lumbar sympathetic blocks under fluoroscopy with intravenous sedation (once a week for three weeks) is recommended as medically necessary and the prior denials are overturned.

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)