True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/16/2015

Review Outcome:

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

Anesthesology

Description of the service or services in dispute:

1 lumbar sympathetic block

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)

Patient Clinical History (Summary)

is a female with a reported date of injury of xx/xx/xx. The records indicate she stepped on a pallet and the shelf slid causing the left foot to slide between the pallets and striking the shelving and the sliding shelves. X-rays initially obtained demonstrated a fracture at the tip of the distal fibula without significant displacement. The ankle mortis was not widened. On 12/30/13, she was seen in clinic for pain management regarding her left ankle.
Medications included Fioricet, and Xanax. On exam, she stated her foot got much colder than it currently was but there was no swelling or color change appreciated at that time. She had a boot on. On 05/18/15, the patient returned to clinic with chronic pain worse in her left ankle. On exam, range of motion was limited to the ankle and toes and there was pain to palpation about the foot and ankle and calf stopping just below the knee. No swelling was noted but she did have a mottled color to the ankle area. She was using a cane. On 06/29/15, the patient returned to clinic with continued complaints of chronic left ankle pain. She was on MS Contin at that time. On exam, there was trace swelling in the foot and ankle and discoloration was noted to the foot and ankle. The patient was hypersensitive to touch to the foot and ankle radiating up to the mid-calf. A lumbar sympathetic block had been recommended.

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

On 05/01/15, a utilization review recommendation was submitted for the requested lumbar sympathetic block noting guidelines do not support a trial of sympathetic blocks in patients with similar presentations as the patient and available clinical data was not sufficiently compelling to warrant a deviation from the evidence based recommendations. It was noted the patient was negative for hyperesthesia, allodynia, edema, sweating, sweating asymmetry, skin conditions, motor dysfunction or trophic changes and the patient did not meet the Harden criteria for the diagnosis. The recommendation was for non-certification. The records submitted for this review indicate the patient was seen on 06/29/15, and she reported continued chronic left ankle pain. However, there was only trace swelling in the ankle and discoloration to the foot and ankle was noted and the patient was hypersensitive to touch in the foot and ankle. The guidelines indicate that the Harden criteria also known as Budapest criteria note that the provider should document continued pain disproportionate to any inciting event, with reports of hyperesthesia and/or allodynia, reports of temperature

asymmetry and/or skin color changes and/or skin color asymmetry, edema and/or decreased range of motion and/or motor dysfunction such as weakness, tremors, or dystonia or trophic changes such as hair, nail or skin changes. There was discoloration to the foot and ankle and the patient was hypersensitive to touch and therefore the patient meets 2 out of the 4 categories for the Harden criteria but does not meet 3 out of 4 as recommended. Therefore, it is the opinion of this reviewer that the request for a lumbar sympathetic block is not medically necessary and the prior denial is upheld.

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 Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)