

## Pure Resolutions LLC

An Independent Review Organization

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### Notice of Independent Review Decision

Case Number:

Date of Notice: 05/23/2016

#### Review Outcome:

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

Orthopedic Surgery

#### Description of the service or services in dispute:

Right lumbar sympathetic block with ultrasound

**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)

The patient is a female who reported an injury XX/XX/XX. The mechanism of injury occurred due to a wrestling a subject to the ground and twisting the knee. The patient was diagnosed with chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, pain in joint involving lower leg, and medial meniscus tear. Previous treatment included physical therapy, TENS unit, home exercise, activity modification, ice application, medications, a lumbar epidural steroid injection, and a diagnostic arthroscopy of the right knee with arthroscopic partial medial meniscectomy XX/XX/XX. An MRI of the right knee was performed on XX/XX/XX, which revealed no meniscal tear. Presumed postsurgical changes of the medial meniscus noted; moderate lateral patellar tilt and minimal lateral subluxation; minimal trochlear chondral surface fibrillation; and trace joint effusion. The most recent progress note, dated XX/XX/XX indicated the patient presented for follow-up of knee pain rated at a severity level of 5/10 and had sharp, throbbing, and spasmodic qualities, but did not radiate. The pain was frequent. The patient stated the pain was aggravated by kneeling and standing, and alleviated by physical therapy, lying down, ice, and topical creams. It was noted previous physical therapy, steroid injections, and pain medications were ineffective in relieving pain. It was noted the patient had severe electric shock like pain localized to the knee, with severe hyperalgesia and cold temperature with swelling of the right knee. On examination of the right knee there was diffuse tenderness; mild diffuse swelling; no effusion; no crepitance; allodynia and hyperalgesia to area. There was full range of motion but severe pain with weight bearing. There was decreased pin sensation in a nonanatomic distribution; mildly decreased sensation was present. The patient's treatment plan included a diagnostic right lumbar sympathetic nerve block.

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

The Official Disability Guidelines state lumbar sympathetic blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremities secondary to CRPS 1 and 2. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. The

guidelines recommend using a combination of criteria as per the revised Budapest (Harden) criteria as indicated below to make the diagnosis. The documentation submitted for review indicated the patient failed conservative treatment with physical therapy, TENS unit, home exercise, activity modification, ice application, medications, and lumbar epidural steroid injections. However, the most recent evaluation failed to provide physical exam findings to meet the Budapest (Harden) criteria. There was also no documentation indicating the requested treatment would be used as an adjunct to intensive physical therapy. Due to lack of documentation, right lumbar sympathetic block with ultrasound was not found to be medically necessary, and the previous determination 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)