

IMED, INC.

2150 S. Central Expressway Suite 200-262 McKinney, TX 75070
Office: 214-223-6105 Fax: 469-283-2928 email: imeddallas@msn.com

[Date notice sent to all parties]:

04/20/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX XX block

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

MD, Board Certified Anesthesiology, Board Certified Pain Medicine

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX whose date of injury is listed as XX. The patient was injured while XX XX an XX, XX XX to XX and then all of a sudden, the XX XX XX. XX XX XX XX. XX sustained XX to XX XX and XX, XX XX and XX XX, and sprain XX XX and XX. The patient underwent XX XX open XX XX release and release of XX nerve at the XX in XX XX and has completed XX post-operative XX therapy visits to date. The patient is currently working modified duty. Office visit note dated XX indicates that current medications include XX and XX XX XX% topical cream. On physical examination deep tendon reflexes are 2/4 in the XX upper extremities. XX range of motion is full. Strength is rated as 5/5 throughout the XX XX XX. There is XX of the XX XX. Assessment notes chronic pain syndrome and complex regional pain syndrome type XX upper XX XX. EMG/NCV

dated XX revealed XX evidence of a mild to moderate XX median XX at the XX. There is XX evidence of a mild sensory XX XX at the XX.

The initial request for XX XX XX block was non-certified noting that ODG supports sympathetic blocks, such as XX XX blocks, for the treatment and diagnosis of complex regional pain syndrome. Criteria for a sympathetic block include evidence that other diagnoses have been ruled out any evidence that the XX criteria have been evaluated for and fulfilled. The documentation provided indicates that the injured worker has ongoing complaints of XX XX and XX pain following surgical intervention. A physical examination documented XX of the XX XX. The provider indicated a diagnosis of chronic pain syndrome and complex regional pain syndrome. An electrodiagnostic test documented evidence of mild to moderate XX median XX and mild sensory XX XX at the XX. The provider has recommended a XX XX block. There is no documentation of XX criteria. Based on the documentation provided, the ODG would not support the requested XX XX block as there has been no documentation of XX criteria and electrodiagnostic testing indicates that the injured worker has XX median and XX XX at the XX. The denial was upheld on appeal noting that there were no updated clinical notes provided for review to support overturning the previous denial. Evidence-based guidelines indicate the local anesthetic sympathetic blocks may be used for patients with a clinical presentation of complex regional pain syndrome. The XX criteria should be evaluated and fulfilled. Spoke with XX. XX, who stated that the patient did have temperature changes in the affected XX. However, there were no other findings for complex regional pain syndrome (CRPS) discussed, and XX. XX noted that XX did not have any additional information to send in via fax. Given the available examination findings, the requested XX XX XX block is non-certified.

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 XX XX XX block is not recommended as medically necessary, and the previous denials are upheld. The initial request for XX XX XX block was non-certified noting that ODG supports sympathetic blocks, such as XX XX blocks, for the treatment and diagnosis of complex regional pain syndrome. Criteria for a sympathetic block include evidence that other diagnoses have been ruled out any evidence that the XX criteria have been evaluated for and fulfilled. The documentation provided indicates that the injured worker has ongoing complaints of XX XX and XX pain following surgical intervention. A physical examination documented XX of the XX XX. The provider indicated a diagnosis of chronic pain syndrome and complex regional pain syndrome. An electrodiagnostic test documented evidence of mild to moderate XX median XX and mild sensory XX XX at the XX. The provider has recommended a XX XX block. There is no documentation of XX criteria. Based on the documentation provided, the ODG would not support the requested XX XX block as there has been no documentation of XX criteria and electrodiagnostic testing indicates that the injured worker has XX median and XX XX at the XX. The denial was upheld

on appeal noting that there were no updated clinical notes provided for review to support overturning the previous denial. Evidence-based guidelines indicate the local anesthetic sympathetic blocks may be used for patients with a clinical presentation of complex regional pain syndrome. The XX criteria should be evaluated and fulfilled. Spoke with XX. XX, who stated that the patient did have temperature changes in the affected XX. However, there were no other findings for complex regional pain syndrome (CRPS) discussed, and XX. XX noted that XX did not have any additional information to send in via fax. Given the available examination findings, the requested XX XX XX block is non-certified. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that there should be evidence that the XX (XX) criteria have been evaluated for and fulfilled. The submitted clinical records fail to establish that the XX (XX) criteria have been evaluated for and fulfilled. The Official Disability Guidelines note that there should be evidence that all other diagnoses have been ruled out before consideration of use. The submitted clinical records fail to establish that all other diagnoses have been ruled out. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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

XX