

US Decisions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 US
Austin, TX 78731
Phone: (512) 782-4560
Fax: (512) 870-8452
Email: @us-decisions.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

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

- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- 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: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X underwent an initial pain evaluation by X, DO on X. X had a chief complaint of severe left foot and ankle pain associated with swelling, sensitivity, temperature and color changes, with involuntary spasms, all following a work injury on X. X gave a good work history when X was lifting from a X. Since that time, X had persistent pain, swelling, and sensitivity to touch. X had undergone X. X contusion of X left foot and sprain of the left ankle had been recognized as X, which was suspected due to the persistent nature of X pain consistent with the harden criteria. X did undergo X, which showed a X. X described X pain as sharp, shooting in nature. X often fell. X had difficulty more than X at a time. X did admit to weight loss 15 to 20 pounds since this accident. A pain-related stress inventory filled out that day, was remarkable for X on X X consistent with moderate reactive depression. X PMP was satisfactory. X presented with X supportive daughter as an interpreter. Neither X nor X knew the names of X medicines, but X records showed the X. Additionally, X was taking X. Examination noted a X. Circumferential measurements across the forefoot, ankle, and calf showed a better than X cm difference, left versus right. X did have marked hyperesthesia across the foot and ankle and pain with passive range of motion. Skin infrared thermometry showed a better than X degrees Fahrenheit skin difference with warmth about the left foot and ankle as compared to the unaffected limb. X had decreased strength to plantarflexion and extension secondary to pain. X revealed X noted, X were noted. The assessment was complex regional pain syndrome of the left foot and ankle following traumatic work injury on X; proximal spread to include the left lower extremity associated with complex regional pain syndrome of the left foot and ankle following traumatic work injury on X. Dr. X noted X prognosis was fair to good. X was indicated and would provide significant pain relief, decreased swelling, sensitivity to touch and hopeful resolution of this pain complaint. Due to the longstanding nature of this condition however, X may be required. X would be reserved for definitive treatment. X got fair results with X. As a result, Dr. X would put X on X, which not only would help with neuropathic pain, but with weight loss and gain energy for daytime activities of daily living. X was to continue with X X and bring it

with X at the upcoming visit, as X did not recall the exact dosing of X medications, and Dr. X would begin X on X to X. An anti-inflammatory diet, elimination of simple sugars, carbohydrates, and the addition of turmeric to X diet should be beneficial as well, Elimination of caffeine certainly was encouraged. Dr. X discussed the above findings and recommendations with X as well as continued active range of motion exercise therapy to prevent proximal spread or contralateral spread of this neuropathic pain process. Dr. X would arrange for X as soon as possible, and noted that further delays in this treatment would only lead to refractory costly pain complaint. Continued X, X at the X was encouraged. Per the X visit note, X presented for a follow-up with Dr. X. It was noted that X continued with moderate swelling, hyperesthesia, sensitivity, and "petechiae" throughout the course of the evening and night with temperature, color changes consistent with the Harden criteria and CRPS, complex regional pain syndrome as suggested by X previous physician and confirmed by Dr. X clinical diagnosis as a X. Unfortunately, a peer doctor not educated, trained in this disorder had denied reasonable necessary treatment under the ODG guidelines, this specific treatment and the standard of care for this disorder was X. As a result of this denial, X had to come back in for a follow-up. The denial had raised healthcare cost, they had to spend extra time going over this denial. Furthermore, the oral medications which Dr. X had prescribed, needed to be given and titrated to response. This included a combination of X for neuropathic pain, FDA approved for neuropathic pain as well as X. Dr. X would begin X on X. This was a serious disorder with a propensity to spread. Dr. X wrote, "May I remind the peer review doctor that the Texas Labor Code specifically states, the patients are due treatment ameliorates or relieves the compensable disease state. X is the algorithmic standardized treatment for this disorder. Further delays in this treatment will lead to refractory and costly pain complaint with further spread and disability anticipated. X will reserve for recalcitrant pain." Continued active range of motion, physical therapy modalities with X referring physician was encouraged as was an anti-inflammatory diet to include turmeric and others and this would be scheduled as soon as possible. Per a review of EMG examination of the bilateral lower extremities dated X, there was evidence of a X. With the underlying conditions, it was difficult to interpret the test to identify an additional mononeuropathy, but based on the pattern, a left fibular nerve neuropathy below the left knee was suspected versus a sciatic nerve neuropathy. Clinical correlation was advised. Treatment to date included medications (X. Per a utilization review adverse determination letter dated X, the

request for X was denied by X, MD. Rationale: "Regarding X, the Official Disability Guidelines state that it is not recommended based on a lack of quality studies. Since the X has been widely performed, despite the lack of evidence of effectiveness, other more proven treatment strategies like cognitive behavioral therapy and motion exercises should be preferentially instituted. Regarding fluoroscopy, the Official Disability Guideline does not address it; therefore, an alternative guideline was referenced. A Pub Med article entitled "Image Guidance Technologies for Interventional Pain Procedures: Ultrasound, Fluoroscopy, and CT," published in X states that fluoroscopy can be used to visualize bony structures of the spine and it is still the most commonly used guidance technology in X. Regarding X, Official Disability Guidelines do not offer specific recommendations; therefore, alternative sources were consulted. An UpToDate article published in X states that X. Per the submitted documentation, the request is not warranted. An affiliated review for a X was non-certified under X on X stating that it is not recommended based on a lack of quality studies. The cited guideline does not recommend it for a lack of quality studies. Since the X has been widely performed, despite the lack of evidence of effectiveness, other more proven treatment strategies like X. Further, fluoroscopy can be used to visualize bony structures of the spine and it is still the most commonly used guidance technology in spinal injections and sedation, enable clinicians to perform procedures, while monitoring the claimant closely for potential adverse effects. A prior review for a X was non-certified under X on X for a lack of quality studies. The claimant had complex regional pain syndrome of the left foot and ankle, proximal spread to include the left lower extremity associated with a complex regional pain syndrome of the left foot and ankle, stage II chronic regional pain syndrome (CRPS), and secondary myofascial pain syndrome of the lumbar spine. Associated symptoms included severe persistent left foot and ankle pain, swelling, sensitivity, temperature and color changes with involuntary spasms, antalgic gait, decreased strength, and restricted range of motion secondary to pain. X provided fair results. Given the information, the request is not supported by the guidelines and thus medically unnecessary. Furthermore, there were no extenuating factors that warranted a deviation from the guidelines. Therefore, the prospective request for X is non-certified." Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD, on X. Rationale: "The prior request for X was non-certified under X on X due to the request not being supported by the guidelines and thus medically unnecessary. In

an appeal letter dated X, the provider stated that the claimant requires the X for the claimant's disorder and further delays in this treatment will lead to refractory and costly pain complaint with further spread and disability anticipated. Such specific treatment and the standard of care for the claimant's disorder was X under X. Based on the medical records, the claimant sustained an injury when they X. Since then, they had persistent pain, swelling, and sensitivity to touch. The diagnoses were pain in the left leg, complex regional pain syndrome of the left foot and ankle following a traumatic work injury, proximal spread to include the left lower extremity associated with a complex regional pain syndrome of the left foot and ankle following traumatic work injury stage II CRPS, and secondary myofascial pain syndrome of the lumbar spine. The claimant's work status was not working. Attempted treatments included X. Oral medications included X. They went through X. The contusion of their left foot and sprain of the left ankle had been recognized as X which was suspected due to the persistent nature of their pain consistent with the harden criteria. They had X. X in X showed status post fusion at the X. According to the progress report submitted by X, M.D, dated X, the claimant presented with continued moderate swelling, hyperesthesia, sensitivity, and petechiae throughout the course of the evening and night and associated with temperature and color changes consistent with the harden criteria and complex regional pain syndrome (CRPS) as suggested by the previous physician and confirmed by the assessments on objective, subjective, and diagnosis findings. On physical examination, there was X. The circumferential measurements across the forefoot, ankle and calf showed a better than X cm difference between left versus right. The Homan's testing at the calves however was unremarkable. There was no X noted. They had marked hyperesthesia across the foot and ankle and pain with a passive range of motion. The skin infrared thermometry showed a better than X degrees Fahrenheit skin difference with warmth about the left foot and ankle as compared to the unaffected limb. Decreased strength in plantar flexion and extension secondary to pain was also noted. The X revealed X were noted, The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines do not recommend X. X may be indicated as initial X will be performed as indicated by all of the following such X, The X used as part of a X. Regarding fluoroscopy, the Official Disability Guidelines did not offer specific recommendation: therefore, the X were referenced and an article titled "X" published by X in X, states that fluoroscopy can be used to visualize bony structures of the spine. It is still the

most commonly used guidance technology in spinal injections. Regarding monitored anesthesia care, the Official Disability Guidelines did not offer specific recommendations: therefore, the X were referenced and an article entitled, "X" published by X, X in X, states that X. The purposes of X are providing patients with safe sedation, comfort, pain control and satisfaction. The request is not warranted. The claimant has ongoing chronic left foot and ankle pain with marked hyperesthesia across the foot and ankle and pain with a passive range of motion. The referenced guidelines states that X is performed under X The cited guidelines may recommend an initial X. X used as part of in conjunction with a comprehensive functional restoration and the type of X to be used is a X. In this case, the request did not meet all the criteria since it was not stated or evident that the X. Therefore, the appeal request for X is non-certified."Based on the clinical information provided, the request for X is recommended as medically necessary. was lifting from a X. The diagnosis was complex regional pain syndrome of the left foot and ankle following traumatic work injury on X; proximal spread to include the left lower extremity associated with complex regional pain syndrome of the left foot and ankle following traumatic work injury on X stage X. The submitted clinical records indicate that the claimant presents with CRPS and has been treated conservatively with X. The claimant presents with swelling, hyperesthesia, sensitivity and color changes consistent with the Harden criteria and CRPS. Continued X with X referring physician have been encouraged as well as an anti-inflammatory diet. Recommend certification of the request. Recommend prospective request for X is medically necessary and 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 X is recommended as medically necessary. was lifting from a X. The diagnosis was complex regional pain syndrome of the left foot and ankle following traumatic work injury on X; proximal spread to include the left lower extremity associated with complex regional pain syndrome of the left foot and ankle following traumatic work injury on X. The submitted clinical records indicate that the claimant presents with CRPS and has been treated X. The claimant presents with swelling, hyperesthesia, sensitivity and color changes consistent with the Harden criteria and CRPS.

Continued X with X referring physician have been encouraged as well as an anti-inflammatory diet. Recommend certification of the request. Recommend prospective request for X is medically necessary and certified
Overturned

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)