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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 Overtuned (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 who was injured on X. X reported that when X. X stepped into a “beam” and suffered a meniscal tear. The diagnosis was chronic left knee pain following work injury; and complex regional pain syndrome (CRPS) of the left knee and lower extremity associated with chronic left knee pain following work injury. An initial pain evaluation by X, DO dated X was documented. X presented with a chief complaint of chronic to severe left knee pain associated with sensitivity to touch, proprioception deficits, having failed numerous surgical interventions, as a direct result of a work injury dating back to X. X reported that when X. X stepped into a ''beam'' and suffered a meniscal tear. X ultimately underwent surgical intervention reportedly four times whereby infection occurred, and X eventually had to have a total knee replacement with revision, removal and then another total knee replacement. Since that time, X had persistent burning, shooting pain, sensitivity to touch and swelling. Despite appropriate conservative physical therapy and rehabilitative care, X graded this pain as X, and stated it was unrelenting. Dr. X looked at the Texas prescription monitoring program, and X had been tried on a X. X had tried X. X felt X life had been taken from X. In fact, the pain-related stress inventory filled out that day X. X CESD was X, X risk for opioid misuse was X, X GAD-X was X. X intake urinalysis

was X and X was referred to Dr. X for possible interventional pain care for persistent left knee pain. X did not want any more knee surgeries, X admitted to weakness, X felt X pain was now affecting X low back as X compensated during working. at the time, X was admitting to back pain consistent with mechanical back pain syndrome as a compensatory mechanism associated with this left knee pain. This was quite obvious on Dr. X X plus years of history that day. Examination noted an antalgic limp and gait and that X was clearly in distress. There was generalized swelling throughout the left lower extremity. Temperature showed a better than X-degree Fahrenheit difference across the left knee as opposed to the right knee. X had limited range of motion approximately X of normal. X had mild medial and lateral joint tenderness and walked with a notable antalgic limp and gait. There was mild swelling noted into the pretibial area. X had weakness of the quadriceps and mild patellar tendinous weakness. There was mild hyperesthesia to light touch and pain with passive range of motion. There was moderate left lumbar facet tenderness aggravated with side bending and extension. The diagnoses were chronic left knee following work injury, meniscal tear and subsequent failed surgical intervention including two total knee replacements with infection; inability to rule complex regional pain syndrome of the left knee, status post-surgical intervention and work-related injuries; generalized deconditioning with mechanical back pain syndrome as compensatory mechanism associated with antalgic limp and gait associated with work injuries; and mild reactive depression,

insomnia in chronic pain. Dr. X noted that X knee pathology was consistent with CRPS. On X, X returned to visit Dr. X for a follow-up, stating X got more than X relief of X knee pain complaints following previous sympathetic blockade with rise in temperature, decreased swelling, and improved ambulation. The X had been denied, and X had returned to the office. Dr. X documented that this was inconsistent with the judicious use of the healthcare system to decrease cost, to increase efficiency and improve quality of life. As a result, they would have to resubmit for this time-proven procedure. Overall, through the years of treatment, X intermittently had received X. X stated why would anyone allow one to stick a X-gauge X-inch needle in X back unless gains which were effective reducing narcotic load, decreasing pain were achieved. That being said, Dr. X explained they would spend extra time now going over the peer doctor's denial. Apparently, X was worried about temperature. Dr. X did physically examine X after the X, and skin temperatures clearly rose in the affected limb that was like observing a Horner syndrome in the upper extremities where warmth in the lower extremities was observed. Dr. X wrote, “That is given doctor, we would not be asking for this procedure unless that had occurred. That being said, we are documenting that here today. X has marked hyperesthesia, pain with passive range of motion consistent with this disorder, allodynia was as well noted and we will arrange for X. As a result of this denial, X is going to continue with X current drug regimen including a X. X was formerly down to X. X is to continue with X, X at night and we will arrange for

pending insurance authorization." Per the X follow-up note, Dr. X noted that X was in severe agonizing left knee pain, swelling, hyperesthesia, allodynia consistent with neuropathic pain following X work injuries. X had responded favorably in the past with X and Dr. X was requesting for an acute exacerbation of X knee pain to proceed with X which helped reduce X pain more than X, improve X function, decrease X oral medicines. X stated X did not want to go higher on X oral medicines. Furthermore, a peer doctor offered no alternative treatment. X would be reserved for recalcitrant pain. However, X, a much more cost effective and precise treatment for this disorder had already been approved in the past and had shown benefit. X of course would be reserved for recalcitrant pain. Dr. X did not want to make X any higher on X narcotic load. X was already at the X mg X. X was already on X. X was pursuing an anti-inflammatory diet. X had exhausted X. At the time, X had pain with passive range of motion, marked allodynia about the left knee. Dr. X was going to arrange for X, pending insurance authorization, and noted that further delays could lead to more refractory and costly pain complaint with the propensity of this disorder to spread requiring higher levels of care. X stated X medicine that they would give X that day did not improve X pain sufficiently. X would have to go to the emergency room. They were trying to avoid emergency room visits, which they were able to successfully accomplish over the previous X years. It was in the interest of X first and foremost as well as the insurer to see that this treatment be performed in a timely manner. In the meantime, X intake urinalysis was X. It

was consistent with the agents X was receiving at the time. there was no evidence of diversion or side effect. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: “Based on the medical records submitted, the claimant sustained an injury when X. The injured worker was diagnosed with left knee contracture. The claimant's work status was undisclosed. The attempted treatments included X dated X and X which helped hasten their recovery period, reduced sensitivity to touch, and helped with affect, medications, surgery, physical therapy (PT), and rehabilitative care. According to the progress report submitted by X, DO, dated X, the claimant complained of recurrent and increased left knee pain which was rated at X associated with swelling, hyperesthesia, and allodynia. They also noted moderate swelling, and their knee was cold which was consistent with complex regional pain syndrome (CRPS). The Official Disability Guideline does not recommend it as a first-line option. Repeat X for lower extremity CRPS is indicated when the X was successful with improvement in pain, increase in function and range of motion, and increase of skin temperature of >X degrees. It also states that X is used as a part of a comprehensive functional restoration program. This is not recommended for X. The procedure is performed under fluoroscopic or ultrasound guidance. According to the submitted documentation, the request is not warranted. The cited guideline states that X for lower extremity CRPS is indicated when the X was successful with improvement in pain, increase in function and range of motion,

and increase of skin temperature of >2 degrees. It also states that X is used as a part of a comprehensive functional restoration program. This is not recommended for X. The procedure is performed under fluoroscopic or ultrasound guidance. In this case, the claimant had recurrent and increased right knee pain associated with swelling, hyperesthesia, and allodynia as well as cold knee which was consistent with complex regional pain syndrome (CRPS). They have tried X which provided them improvements. Although the claimant's clinical findings and although they have improvements from previous X, the request is not supported by the guidelines as this should be a part of a comprehensive functional restoration program for optimal result. Also, there was no noted increase in temperature prior. There were no extenuating circumstances or compelling reasons documented that would warrant deviation from guideline recommendation. Therefore, the request for X is non-certified." Per an appeal review adverse determination letter dated X, the request for X was noncertified by X, MD. Rationale: "The prior noncertification in review X was based on a request that was not supported by the guidelines as this should be a part of a comprehensive functional restoration program for optimal results and there was no noted increase in temperature prior. In an appeal letter, dated X, the provider stated that the claimant gets more than X pain relief following sympathetic blockade with the rise in temperature, decreased swelling, improved ambulation, and they spent much time with their family and children. Based on the medical records submitted, the claimant

sustained an injury when carrying a cable, the pressure effect caused them to fall back, injuring their left knee. The claimant was diagnosed with left knee contracture. The claimant's work status was undisclosed. Previous treatments included X dated X and X which helped hasten their recovery period, reduced sensitivity to touch and helped with affect, medications, surgery, physical therapy (PT), and rehabilitative care. According to the progress report submitted by X, DO, dated X, the claimant complained of recurrent and increased left knee pain rated at X associated with swelling, hyperesthesia, and allodynia. They also noted moderate swelling, and their knee was cold which was consistent with complex regional pain syndrome (CRPS). The provider was appealing the prior determination at this time. The Official Disability Guideline states that it is not recommended it as a first-line option. Repeat X for lower extremity CRPS is indicated when all the following criteria were met including that the prior X was successful with improvement in pain, increase in function and range of motion, and increase of skin temperature of >2 degrees, and X used as a part of a comprehensive functional restoration program. This is not recommended for X. After reviewing the submitted documentation, the prior non-certification was appropriate. The cited guideline states that repeat X for lower extremity CRPS is indicated when all the following criteria were met including the prior X was successful with improvement in pain, increase in function, range of motion, increase of skin temperature of >X degrees and X were used as a part of a comprehensive functional restoration program. In this

case, the claimant had recurrent and increased right knee pain associated with swelling, hyperesthesia, and allodynia as well as cold knee which was consistent with complex regional pain syndrome (CRPS). They have tried X which provides X pain relief following X with rise in temperature, decreased swelling, improved ambulation, and they spent much time with their family and children. Although the claimant's clinical findings and improvements were acknowledged, the request is not supported by the guidelines due to not meeting all the criteria as there was no comprehensive functional restoration program. There were no extenuating circumstances or compelling reasons documented that would warrant deviation from guideline recommendation. Therefore, the request for X is non-certified. “Thoroughly reviewed provided records including provider notes and peer reviews. Patient with prior successful X. Patient does meet cited guidelines for X. There is some question in regards to participation in functional restoration program - however patient has exhausted most other treatment options and other options would be more invasive. Request for X is warranted. However, despite documentation of some anxiety that was measured on battery, use of X is not warranted without extenuating circumstances. prospective request for X is medically necessary and certified and X is not medically necessary and non-certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

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NA

Thoroughly reviewed provided records including provider notes and peer reviews. Patient with prior successful X. Patient does meet cited guidelines for X. There is some question in regards to participation in X - however patient has exhausted most other treatment options and other options would be more invasive. Request for X is warranted. However, despite documentation of some anxiety that was measured on battery, use of X is not warranted without extenuating circumstances. prospective request for X is medically necessary and certified and X is not medically necessary and non-certified

Partially Overturned

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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)**