

I-Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: 12/4/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Two left stellate ganglion blocks on two visits, two weeks apart.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Per the Official Disability Guidelines, in order for a stellate ganglion block to be considered diagnostic for sympathetically mediated pain, the patient should receive "pain relief that is 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement." The medical records state that the patient's "trial of sympathetic blockade" had a "good diagnostic response." There is nothing mentioned about what percentage of pain relief was achieved or if the patient's level of function was improved. Therefore, per the Official Disability Guidelines, a therapeutic stellate ganglion block is not indicated.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/26/07, 11/13/07

ODG Guidelines and Treatment Guidelines

Dr., MD, 8/4/05, 9/6/05, 1/24/06, 2/21/06, 4/20/06, 6/1/06, 7/13/06, 9/21/06, 11/16/06, 12/4/06, 1/2/07, 2/20/07, 4/3/07, 5/17/07, 7/3/07, 10/23/07

Operative Report and Surgery Records, 4/25/07

Dr., PhD, 4/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while on the job on xx/xx/xx. The patient's injury has caused chronic left upper extremity pain. The patient continues to have pain despite receiving left stellate ganglion blocks and the use of medications. There is a note that the patient received a spinal cord stimulator trial which supposedly provided 100% pain relief. There is no mention as to why the implant was never performed. Per the notes that I have reviewed, it is noted many times that the patient had a "good response" to stellate ganglion blocks. Unfortunately, the exact details of this response are not provided. Specifically, the percentage of pain relief or the duration of pain relief is not discussed. In addition, the patient's functional response is also not discussed.

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

Per the Official Disability Guidelines, a patient's "pain relief should be 50% or greater for the duration of local anesthetic" when a diagnostic stellate ganglion block is performed. In addition, "pain relief should be associated with functional improvement" from the diagnostic stellate ganglion block. In all of the paperwork I have reviewed from Dr. office, there is no mention of any specific details regarding the diagnostic phase of the stellate ganglion block. In addition, the Official Disability Guidelines go on to state that stellate ganglion blocks should "be given therapeutically as an adjunct to functional exercise." There is no mention in the notes that I have received stating that the patient will be involved in either home exercises or a formal physical therapy program while these blocks are performed. Therefore, given that this request does not follow the Official Disability Guidelines indications for therapeutic stellate ganglion blocks, I feel that stellate ganglion blocks are not appropriate in this case.

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

- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**