

# Clear Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** OCTOBER 3, 2007

**AMENDED ON OCTOBER 10, 2007**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right Stellate Ganglion Block x 6

## **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)

I feel that a request of six stellate ganglion blocks is not medically necessary.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 8/22/07, 9/6/07

Official Disability Guidelines

Institute, 8/31/07

Dr. 4/10/07

Dr. 11/6/06, 10/16/06, 4/23/07

Dr. 7/27/07, 8/29/07

MRI, 12/21/06

MRI, 12/7/06

Physical Medicine Notes, 10/24/06, 10/25/06, 10/27/06, 11/3/06

Progress Notes, 12/13/06, 12/29/06, 2/14/07, 9/29/06, 10/4/06, 10/2/06, 10/1/06, 10/11/06, 10/12/06, 10/10/06, 11/14/06, 1/12/07, 1/26/07, 3/22/07, 4/10/07, 2/27/07, 5/24/07, 6/22/07, 7/20/07, 8/3/07, 8/16/07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old female who worked as a . She noted that while on the job she started having pain in the right arm from the elbow to the wrist. Since her date of injury on xx/xx/xx , the pain has slowly been increasing. She received an EMG/NCV study performed on 11/06/2006 which showed possible conduction slowing at the right Guyon's canal. There were no findings of entrapment, neuropathy, or radiculopathy. An MRI of the right wrist performed on 12/07/06 showed a partial tear of the triangular fibrocartilage. An MRI of the right elbow performed 12/21/2006 showed a small elbow effusion which was thought to be secondary to a ligamentous injury without tear of the ulnar collateral ligament. This patient has also been seen by a plastic surgeon, Dr., to see if she was a candidate for surgery. Dr. did not recommend any surgery. She was then evaluated by Dr. who recommended six right stellate ganglion blocks.

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

Per the most recent exam performed by Dr., no mention of edema, dysesthesias, or allodynia is made. In fact, he states that "muscle movement was symmetric," "skin sensation was normal," "there were no dysesthesias or paresthesias noted on stroking the hand and arm." He also states that "skin temperature was symmetric" with both arms. He also notes that "stroking the arm was not painful." It should also be noted that the EMG/NCV study did not show anything significant for neuropathy. When reviewing the history, I did not see any history of any of the symptoms such as edema, temperature changes in the extremities, or abnormal pseudomotor changes, and therefore I do not think that a stellate ganglion block is indicated. In conclusion, based on the Official Disability Guidelines and Treatment Guidelines, a request of six stellate ganglion blocks is not medically necessary.

**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)