



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE: 8/11/2009**

**IRO CASE #:**

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

The service under dispute includes a stellate ganglion block (64510), with fluoroscopic guidance (77003) and mod CS by same physician (99144).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years in this specialty and performs this type of procedure in his office.

**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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
These records consist of the following (duplicate records are only listed from one source): 7/28/09 letter by, stellate ganglion portion (RSD/CRPS) of ODG, 5/27/09 denial letter, report by MD, 6/29/09 denial letter, report by MD, 6/16/09 RME report, 10/1/08 handwritten patient assessments, various DWC 73 reports, 10/1/08 MRI script, PLN 11 of 10/3/08, 10/10/08 MRI reports (cervical and lumbar), 10/31/08 neurodiagnostic testing, Ortho treatment notes of 10/17/08 to 5/13/09, 10/31/08 left wrist MRI report, 11/24/08 FCE report, 12/5/08 therapy script, 3/31/09 DD report and 4/7/09 bone scan report.

We did receive a section of the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a xxyear old who slipped and fell at work. She has had chronic left wrist pain since the fall. She has been diagnosed with wrist sprain, deQuervain's stenosing tenosynovitis, and with increased uptake bilateral wrists on delayed phase of bone scan. There is no report of right wrist pain.

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

The ODG indicates that for CRPS, sympathetic blocks are recommended primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The patient's presentation and objective findings indicate she likely has CRPS. The ODG indicates this type of treatment is indicated in this case to help the person with their PT program according to the reviewer.

**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)**