

Notice of Independent Review Decision

DATE OF REVIEW:

11/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right T2-T3 sympathetic radiofrequency thermocoagulation (RFTC).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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.

Right T2-T3 sympathetic radiofrequency thermocoagulation (RFTC) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION REFERRAL FORM
- 11/20/09 MCMC Referral
- 11/20/09 Fax cover sheet with note
- 11/20/09 Notice of Assignment of Independent Review Organization
- 11/20/09 Notice To MCMC, LLC Of Case Assignment
- 11/19/09 Confirmation of Receipt of a Request For a Review, DWC
- 11/18/09 Request For A Review By An Independent Review Organization
- 11/18/09 Pre-Authorization Request - IRO
- 11/11/09 Peer Review, M.D.,
- 11/11/09 Notice of Reconsideration
- 11/05/09 Pre-Authorization Request - Appeal
- 10/30/09 Peer Review, DO,
- 10/30/09 Notice of Denial of Pre-Authorization, Broadspire
- 10/27/09 Pre-Authorization Request – First Request
- 11/27/07, 10/27/09 Office/Outpatient Visit, M.D.
- 03/02/07 Physical Therapy Associates LP Progressive Evaluation, PT
- 05/14/04 Encounter Note, M.D.

- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xxxx. The injured individual strained her right hand lifting. She now has a diagnosis of Reflex Sympathetic Dystrophy (RSD) of her right arm and leg. There are two notes provided: 11/2007 that indicates she had 45% benefit after a T2/3 sympathetic block (no date of service given) and 10/2009 that states she is inquiring about a radiofrequency (RF) procedure. There is no duration of response to the last block given; no recent injection. The 10/2009 note does indicate her right hand is purple, sensitive to touch, and has shiny skin.

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

RF of the sympathetic chain is considered investigational/experimental (I/E) and unproven in nature. The injured individual had her last T2/3 sympathetic block prior to 11/2007 with no indication of exact date of injection or duration of response. While she currently has right arm RSD findings on physical exam (PE) (10/2009 note), the fact that the last thoracic sympathetic block was over two years ago and that RF of the sympathetic chain is considered of unproven efficacy, the procedure is denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guideline: Not recommended.

The practice of surgical and chemical sympathectomy is based on poor quality evidence, uncontrolled studies and personal experience. Furthermore, complications of the procedure may be significant, in terms of both worsening the pain and producing a new pain syndrome; and abnormal forms of sweating (compensatory hyperhidrosis and pathological gustatory sweating). Therefore, more clinical trials of sympathectomy are required to establish the overall effectiveness and potential risks of this procedure. (Furlan, 2000) (Mailis-Cochrane, 2003) Sympathectomy is destruction of part of the sympathetic nervous system, and it is not generally accepted or widely used. Long-term success with this pain relief treatment is poor. Indications: Single extremity CRPS-I or SMP; distal pain only (should not be done if the proximal extremity is involved). Local anesthetic Stellate Ganglion Block or Lumbar Sympathetic Block consistently gives 90 to 100 percent relief each time a technically good block is performed (with measured rise in temperature). The procedure may be considered for individuals who have limited duration of relief from blocks. Permanent neurological complications are common. (State, 2002)