



Specialty Independent Review Organization

**DATE OF REVIEW:** 7/6/09

**IRO CASE #:**

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

The services under dispute include a radiofrequency thermocoagulation (RFTC) of the left stellate ganglion under anesthesia with fluoroscopic guidance.

**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 Anesthesia and Pain Management. This reviewer has been practicing for greater than 10 years.

**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 agrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This review involves a woman who injured her left hand while transferring a wheelchair into a van. She had 2 hand surgeries and developed Complex Regional Pain Syndrome (CRPS) type 1. She has had a stellate ganglion block with good effect. Her current medications include Hydrocodone, Soma and Ambien CR.

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

The ODG recommends stellate ganglion block “for diagnosis and treatment of sympathetic pain involving the... UE secondary to CRPS I and II. It is the preferred treatment of CRPS I pain involving the UE. For diagnosis, one should be sufficient. One to three blocks may be given therapeutically as an adjunct to functional exercise.” There is no discussion of neurolysis of the stellate ganglion.

Romanoff speaks to neurolysis of the ganglion but cautions “stellate ganglion

neurolytic blocks are rarely performed because of the potential damage to nearby structures and because of permanent Horner's syndrome."

Forouzanfar states "clinical efficacy remains to be proven in a randomized controlled trial." While RF neurolysis is a promising technique, it still needs to be proven superior to other currently accepted pharmacologic and therapeutic approaches.

**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)ME Romanoff. Complex Regional Pain Syndrome in Decision Making in Pain Management 2nd Edition Elsevier. 2006  
  
Forouzanfar T et al Radiofrequency lesions of the stellate ganglion in chronic pain syndromes: Retrospective analysis of clinical efficacy in 86 patients. Clinical Journal of Pain. 2000; 16:164-8
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)