



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: March 19, 2010

IRO Case #:

**Description of the services in dispute:**

Item in dispute: Radiofrequency thermocoagulation (RFTC) left stellate ganglion (CPT #64640, #72275).

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

**Review Outcome**

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

Upheld

The proposed radiofrequency treatment of the cervical sympathetic ganglia is not a proven treatment for complex regional pain syndrome (CRPS) II, which is the claimant's apparent diagnosis.

**Information provided to the IRO for review**

**Records received from State:**

Company request for IRO, 4pgs.

Request for a review by an independent review organization, 2/26/10, 3pgs.

Report, 2/15/10, 3pgs.

Management, Progress Note, 2/5/10, 2pgs.

Report, 1/29/10, 3pgs.

DrLetter, 1/29/10, 1pg.

Management, Progress Note, 12/29/09, 1 pg.

Surgery Center, Operative Note, 12/9/09, 2 pgs.

Management, Progress Note, 11/30/09, 1 pg.  
Management, Progress Note, 11/16/09, 1 pg.  
Surgery Center, Operative Note, 5/27/09, 1 pg.  
Surgery Center, Operative Note, 4/21/09, 1 pg.

Records Received from Provider:

Surgicenter, Operative Report, 1/27/09, 2 pgs.  
Surgicenter, Operative Report, 7/1/08, 2pgs.

Dr. Clinical Note, 1/27/10, 1 pg.

Dr. Clinical Note, 8/26/09, 1 pg.

Dr. Clinical Note, 11/9/09, 1 pg.

Dr., Clinical Note, 7/22/09, 1 pg.

Dr., Clinical Note, 8/10/09, 1 pg.

Dr. Clinical Note, 7/1/09, 1 pg.

Dr. Clinical Note, 7/8/09, 1 pg.

Dr. Clinical Note, 6/5/09, 1 pg.

Dr. Clinical Note, 6/17/09, 1 pg.

Dr. Clinical Note, 4/22/09, 1 pg.

Dr., Clinical Note, 5/6/09, 1 pg.

Dr. Clinical Note, 3/25/09, 1 pg.

Dr Clinical Note, 4/8/09, 1 pg.

Dr. Clinical Note, 2/25/09, 1 pg.

Dr., Clinical Note, 3/11/09, 1 pg.

Dr., Clinical Note, 1/28/09, 1 pg.

Dr., Clinical Note, 2/11/09, 1 pg.

Dr, Clinical Note, 12/8/08, 1 pg.

Dr, Clinical Note, 11/12/08, 1 pg.

Dr., Clinical Note, 11/21/08, 1 pg.

Dr., Clinical Note, 10/15/08, 1 pg.

Dr. Clinical Note, 10/29/08, 1 pg.

Dr. Clinical Note, 9/3/08, 1 pg.

Dr., Clinical Note, 9/17/008, 1 pg.

Dr., Clinical Note, 8/20/08, 1 pg.

Dr., Clinical Note, 10/1/08, 1 pg.

Dr. Clinical Note, 8/27/08, 1 pg.

Dr., Clinical Note, 7/16/08, 1 pg.

Dr., Clinical Note, 7/17/08, 1 pg.

Dr., Clinical Note, 7/30/08, 1 pg.

Dr., Clinical Note, 6/16/08, 1 pg.

Dr., Clinical Note, 7/2/08, 1 pg.

Dr., Clinical Note, 5/12/08, 1 pg.

Dr. Clinical Note, 5/23/08, 1 pg.

Dr. Clinical Note, 4/18/08, 1 pg.

Dr. Clinical Note, 4/18/08, 1 pg.  
Dr Clinical Note, 5/2/08, 1 pg.  
Dr, Clinical Note, 3/19/08, 1 pg.  
Dr. Clinical Note, 3/26/08, 1 pg.  
Dr. Clinical Note, 4/2/08, 1 pg.  
Dr., Clinical Note, 3/7/08, 1 pg.  
Radiology, Consultation, 3/18/08, 1 pg.

### **Patient clinical history [summary]**

The claimant is a gentleman who allegedly suffered a workplace injury in xx/xx. Subsequently he developed left shoulder pain and underwent an arthroscopic repair of a superior labral anterior-posterior (SLAP) lesion of the left shoulder. Post operatively, the pain continued and apparently worsened and he developed swelling, allodynia and a mottled appearance in the left arm and hand. He has undergone several left cervical sympathetic blocks and one cervical epidural steroid injection, each of which provided several days of pain relief; however, there has not been progress toward resolution.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The proposed radiofrequency treatment of the cervical sympathetic ganglia is not a proven treatment for complex regional pain syndrome (CRPS) II, which is the claimant's apparent diagnosis. There is inadequate evidence in the published peer-reviewed literature, such a randomized controlled studies, to establish its efficacy according to evidence-based medicine standards. Furthermore, this treatment is not recommended by any current and widely followed pain management guideline such as the ODG Treatment Index which does not recommend any form of sympathectomy or the use of pulsed radiofrequency treatment for chronic pain.

### **A description and the source of the screening criteria or other clinical basis used to make the decision:**

CRPS, sympathectomy-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 or 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).

Pulsed radiofrequency treatment (PRF) Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. (BlueCross, 2005) A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. (Abejón, 2007)

ODG Treatment Index, Pain. Encinitas, CA: Work Loss Data Institute, 2010.

Mailis A, Furlan A. Sympathectomy for neuropathic pain. Cochrane Database Syst Rev 2003(2): CD002918.

Manjunath PS, Jayalakshmi TS, Dureja GP, Prevost AT. Management of lower limb complex regional pain syndrome type 1: an evaluation of percutaneous radiofrequency thermal lumbar sympathectomy versus phenol lumbar sympathetic neurolysis—a pilot study. *Anesth Analg* 2008; 106(2): 647–9, table of contents.

Manchikanti L. The role of radiofrequency in the management of complex regional pain syndrome. *Curr Rev Pain* 2000;4(6): 437–44.