

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left stellate block at C5/6

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination notices, 7/9/10, 7/21/10
RN 8/6/10
M.D. 6/1/10, 7/6/10, 8/3/10, 5/11/10
Sports Medicine 5/24/10, 6/30/10, 6/21/10, 5/5/10
Sports Rehab 6/8/10
ODG Pain Chapter, CRPS, sympathetic and epidural blocks

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male injured on xx/xx/xx. Per the office note on 7/6/10, the patient notes that "his shoulder still hurts." The physical exam on this date also notes that "impingement signs are positive (and) allodynia is absent" on the left shoulder. The neurologic exam also shows that the patient has "normal reflexes, no motor or sensory deficits," and normal sensation to light touch. The MRI from 5/5/10 shows that the patient has a left rotator cuff tear. An EMG/NCV from 5/24/10 did not show anything significant. A request for a stellate ganglion block was first made on 6/30/10. On this date, the patient was noted to have "minimal allodynia and temperature difference (in the) left compared to the right upper extremity." On 8/3/10, the patient's physical exam changed. It showed "allodynia" on the left shoulder. In addition, "hyperhydrosis is present on the left compared with the right. There are subtle color and temperature asymmetries of the left upper extremity compared with the right."

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

In general, there is limited information given in regards to the patient's upper extremity symptoms. The only description of the patient's upper extremity pain is that the left shoulder hurts. The history is very important for diagnosing CRPS. Also, when the request for a stellate ganglion block was made, the history and physical did not fully support a diagnosis of CRPS. It is confusing that the physical exam results changed dramatically on 8/3/10. A more thorough history and an adequate explanation for the change in physical exam results are required before it can be decided if a stellate ganglion block is appropriate. Based on the

documentation provided, the ODG criteria is not satisfied. The reviewer finds that medical necessity does not exist at this time for Outpatient left stellate block at C5/6.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)