



REVIEWER'S REPORT

DATE OF REVIEW: 12/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RFTC, right stellate ganglion injection

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 22 years of active and current practice in the specialty of Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Operative and progress notes from Dr. from 11/18/08 through 11/25/09
2. Medical progress notes from Dr. dated 12/01/09
3. Letter from claimant dated 12/02/09
4. Physician adviser preauthorization reviews dated 10/08/09 and 10/22/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

According to the claimant's letter of 12/02/09, he injured his right shoulder on xx/xx/xx. He underwent repair of an SLAP lesion in xx/xx/xx, subsequently undergoing extensive physical therapy and work hardening. He returned to work in July 2004 but continued to have right shoulder pain. A second endoscopic surgical repair of a residual SLAP lesion was performed in March 2005 during which the claimant was told he had developed severe chondromalacia of the shoulder following the initial surgery. The claimant then underwent a second round of physical therapy following the second shoulder surgery but

continued to have significant pain. The claimant was initially evaluated by Dr. on 11/02/05. Dr. apparently diagnosed the claimant with complex regional pain syndrome of the right shoulder. No notes from Dr., however, were provided prior to the procedural note on 11/18/08 when he performed RFTC of the right stellate ganglion. Seven weeks later Dr. repeated right stellate ganglion RFTC on 01/06/09. Approximately nine weeks later on 03/17/09 Dr. followed up with the claimant, documenting “continued complaints” of right upper extremity pain, swelling, allodynia, and mottled appearance, noting that the claimant had undergone RFTC on 01/06/09, obtaining “approximately two months” of pain relief. Physical examination documented swelling, allodynia, and mottled appearance of an unspecified upper extremity.

A third right stellate ganglion RFTC procedure was performed by Dr. on 04/01/09 with followup nine days later documenting approximately 80% relief. The only physical examination finding was of “still limited” range of motion.

Approximately four months later on 08/24/09 the claimant returned to Dr. again complaining of severe excruciating intractable pain. No physical examination was documented. Dr. recommended repeating yet again RFTC of the stellate ganglion on the right, stating, “All of these blocks do last three to four months,” apparently ignoring the fact that two of the three last blocks performed had lasted much less time.

Approximately three weeks later on 09/16/09 Dr. followed up with the claimant, noting that the last RFTC procedure had provided “three-and-a-half months” of pain relief and “before this last RFTC, he obtained six months of relief,” again apparently ignoring the clear fact that the claimant had never obtained more than nine weeks of relief prior to the April 2009 procedure. Physical examination documented swelling, allodynia, and mottling of the right shoulder.

On 10/05/09 Dr. xxxx wrote a letter supporting his request for another RFTC procedure, stating that the “blocks allow at times six to eight months of complete pain relief,” again ignoring the fact that his own progress notes clearly documented otherwise.

A physician adviser recommended noncertification of the request on review on 10/08/09, citing that there was no mention that the procedure would be in conjunction with an active rehabilitation program.

A second physician adviser on 10/22/09 reviewed the request for reconsideration, also recommending nonauthorization of the procedure based upon the claimant obtaining “insufficient objective evidence of attendant functional gains” with previous RFTC procedures.

On 11/04/09 Dr. followed up with the claimant, documenting, “The last RFTC was performed in April, and this allowed him about six months’ relief,” again clearly ignoring his own previous documentation of the claimant obtaining only three-and-a-half or four months’ relief from that specific procedure. Physical examination was identical to the examination some two months before on 09/16/09. Dr. stated the claimant needed to

increase his medications to cover his pain but did not document that the claimant was taking any medication at all.

On 11/25/09 Dr. wrote another letter supporting his continuing request to perform this procedure, now stating that the previous RFTC “back in April 2009 allowed us over five months of significant pain reduction,” again ignoring his own documentation that the April procedure had provided only three-and-a-half to four months’ relief and that the previous procedures had provided only several weeks of relief.

On 12/01/09 Dr. xxxxxx saw the claimant. He noted that previous RFTC procedures had “not completely resolved his pain” but allowed the claimant to be “more active around the home.” He also noted the claimant had been diagnosed with advanced chondromalacia of the right shoulder as far back as March 2005. Dr. xxxxxx noted the claimant was taking hydrocodone 10 mg every six hours. Physical examination documented painful range of motion of the right shoulder, coolness of the right hand with pale appearance, but normal sensation and no focal neurologic deficits. Dr. xxxxxx performed a right shoulder injection of steroid and lidocaine, noting “some relief of pain prior to leaving the office.” He further noted that Dr. was continuing to taper the claimant off pain medication.

Finally, on 12/02/09 the claimant wrote a letter in support of Dr. request for the RFTC procedure. He stated these procedures had been “the only treatment to give me substantial pain relief, allowing me to increase my daily activities and decrease the amount of pain medication,” but providing no quantification of the degree or duration of relief with the previous injections, nor of the alleged decrease in use of pain medication. He also stated the claimant had TheraBand and pulley systems at home, which he used “when the pain is under control.”

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

First, there is no support in ODG Treatment Guidelines for RFTC procedures performed on the stellate ganglion. Second, Dr. inconsistent documentation of the varying durations of relief that the claimant allegedly obtained from the last RFTC procedure in April 2009 clearly contradict each other. The actual progress notes clearly indicate that the claimant obtained no more than three-and-a-half to four months’ relief from the RFTC procedure in April 2009 and no more than seven to nine weeks’ relief of this identical procedure when it was performed in November 2008 and January 2009. Therefore, there is clearly no consistent evidence of this claimant obtaining significant long-term relief from the procedure that Dr. has performed at least three times in the last thirteen months. Moreover, there is no objective documentation of this claimant obtaining significant functional restoration from any of the previous RFTC procedures other than the claimant being able to be more active “around the house.” Additionally, there is no objective documentation of the amount of alleged reduction in opiate use following any of the three previous RFTC stellate ganglion procedures. The claimant’s physical examination has not changed between September 2009 and December 2009, despite the alleged worsening of his pain during that time period. In fact, the most recent examination by Dr. Barker

lacks most of the cardinal signs of CRPS that ODG Guidelines state need to be present in order to support such a diagnosis. Other than coolness of the right hand and painful range of motion, there are, in fact, no other signs of RSD/CRPS on Dr. Barker's most recent examination on 12/01/09. The claimant has also been diagnosed with chondromalacia of the right shoulder, yet there is no documentation of the claimant having seen an orthopedic surgeon since that diagnosis was allegedly made almost five years ago, nor any documentation that the condition has been addressed or treated by anyone since the diagnosis in March 2005. Based upon the lack of significant sustained relief from the three RFTC procedures performed in November 2008, January 2009, and April 2009, as well as the significant lack of physical examination findings that would be expected to be present in a claimant with a true diagnosis of RSD/CRPS, there is no medical reason or necessity for the requested repeat RFTC procedure on the right stellate ganglion. This patient, quite simply, has never obtained neither a significant degree/duration of pain relief following this procedure, nor any objective documented evidence of significant functional improvement subsequent to any of the three previously performed identical procedures. Merely obtaining greater activity around the home is not evidence of significant or sufficient functional improvement. Therefore, the previous recommendations of the two prior physician advisers for nonauthorization of this requested procedure are upheld, and the request for RFTC right stellate ganglion injection should, therefore, continue to be nonauthorized as medically unreasonable and unnecessary.

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

(Check any of the following that were used in the course of your review.)

- _____ 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)