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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left cervical sympathetic injection

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

M.D., Board Certified Orthopedic Surgeon

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

Dr. Office Records: 11/20/09, 01/15/10

MRI Left Shoulder: 11/20/09

MRI Cervical Spine: 11/20/09, 06/23/10

11/25/09 Prescription/Authorization: cervical & shoulder Physical Medicine: 12/03/09, 12/07/09

Dr. Office Records: 01/11/10, 01/21/10, 02/03/10, 02/18/10

Dr. – Behavioral Medical Pain Mgmt Risk Assessment: 01/15/10

Prime Diagnostics Imaging Records: 01/21/10 x7 pages; 02/18/10 x2

Dr.: 02/01/10

Institute Records:

Demographic sheet 02/23/10, 02/26/10; PT eval (initial/cervical) 03/02/10; Daily PT notes 02/02/10, 03/04/10, 03/10/10

Prescription for PT-- 06/18/10

Prescription/Medication Log: 02/26/10 through 08/16/10

Dr Office Records: 02/26/10, 03/17/10, 04/14/10, 04/20/10, 04/27/10, 06/23/10, 08/16/10, 09/15/10

Dr. Operative Report & demographic sheet: 05/21/10

Dr. consult and COPE evaluation: 07/15/10

Left Shoulder X-Rays and left shoulder MR arthrogram: 07/16/10

Dr. -- Physical therapy Referral: 07/28/10

Therapy – Daily PT Note & fax cover sheet: 08/02/10,

Peer Reviews: 08/19/10, 09/02/10

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Pain -
- Regional sympathetic blocks (stellate ganglion block)

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a reported neck and left shoulder injury that occurred while at work on xx/xx/xx from repetitive heavy lifting into an overhead position.

She was diagnosed with chronic left neck and arm pain, cervical discogenic pain and radiculopathy with a left sided C4-5 disc protrusion, central disc protrusions at C5-6 and C6-7 and allodynia involving the left upper extremity. A left shoulder MRI obtained on 11/20/09 revealed congenital type bony acromion findings but no evidence of a full-thickness tear of musculature retraction. A cervical MRI also obtained on 11/20/09 revealed a left paracentral annular tear and disc protrusion at C4-5. The claimant treated conservatively from 11/20/09 through 05/21/10 with various physicians. Treatment included medication management, activity modifications and work restrictions, physical therapy, use of a TENS unit and multiple cervical epidural steroid injections (ESIs) all of which failed to provide any sustained significant symptoms relief. An updated cervical MRI obtained on 06/23/10 revealed mild diffuse disc bulge at C4-5, C5-6 and C6-7 with uncovertebral spurring with no significant neural impingement or canal/foraminal stenosis identified. Dr. recommended participation in a chronic pain management program due to her medication sensitivities and increasing significant emotional amplification associated with her ongoing pain. She underwent a psychological evaluation on 07/15/10 which recommended her for participation. Left shoulder x-rays obtained on 07/16/10 were negative but a left shoulder MR arthrogram also performed on 07/16/10 revealed osteoarthritic changes in the acromioclavicular joint with impingement on the rotator cuff at the level of the supraspinatus tendon and tendinopathy of the supraspinatus tendon of the rotator cuff without evidence of full-thickness tear. On 08/16/10, Dr. noted the claimant had seen Dr. and underwent an apparent subacromial injection which she reported did provide some pain relief. She continued to report significant left neck pain radiating into the left biceps. Dr. noted that Dr. recommended physical therapy for subacromial impingement. Dr. noted he was not entirely convinced that all her pain was truly radicular. He recommended a left sympathetic block, noting that her pain may have a component of ligamentous injury to the left shoulder girdle manifesting with peripheral sensitization similar to chronic regional pain. The 09/15/10 office note revealed continued pain and exquisite tenderness despite ongoing conservative care that included medications and physical therapy along with activity and work modifications and restrictions. The exam revealed continued allodynia in the left arm, pain limitations proximally with general sensitivity even to light touch in the left neck, and she had discomfort with range of motion particularly with rotation and right side bending. Dr. requested an appeal for the recommended left sympathetic block.

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

A review of the records provided supports the claimant is a woman and works as a. The claimant reported lifting multiple pieces of clothing off a rack into an overhead position and noted pain on xx/xx. The claimant was diagnosed with left shoulder strains, radicular irritation and myositis.

There is nothing in the records to provide support for sympathetic blocking. The patient is already eleven months out from the reported injury. Thus at this juncture there is no medical necessity for left cervical sympathetic injection based on review of the records provided and the ODG.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Pain -
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ODG guidelines (pain) -- Regional sympathetic blocks (stellate ganglion block):

- Recommendations are generally limited to diagnosis and therapy for CRPS.

Stellate ganglion block (SGB) (Cervicothoracic sympathetic block):

- There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects
- Anatomy: Sympathetic flow to the head, neck and most of the upper extremities is derived from the upper five to seven thoracic spinal segments. The stellate ganglion is formed by a fusion of the inferior and first thoracic sympathetic ganglia in 80% of patients. In the other 20%, the first thoracic ganglion is labeled the stellate ganglion. The upper extremity may also be innervated by branches for Kuntz's nerves, which may explain inadequate relief of sympathetic related pain.
- Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Post-embolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma.
- Testing for an adequate block: Adequacy of a sympathetic block should be recorded. A Horner's sign (ipsilateral ptosis, miosis, anhydrosis conjunctival engorgement, and warmth of the face) indicates a sympathetic block of the head and face. It does not indicate a sympathetic block of the upper extremity. The latter can be measured by surface temperature difference (an increase in temperature on the side of the block). Somatic block of the arm should also be ruled out (the incidence of brachial plexus nerve block is ~ 10%). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. Documentation of motor and/or sensory block should occur.
- Complications: Incidental recurrent laryngeal nerve block or superior laryngeal nerve block, resulting in hoarseness and subjective shortness of breathe; Brachial plexus block; Intravascular injection; Intrathecal, subdural or epidural injection; Puncture of the pleura with pneumothorax; Bleeding and hematoma.

There appears to be a positive correlation between efficacy and how soon therapy is initiated (as studied in patients with CRPS of the hand). Duration of symptoms greater than 16 weeks before the initial SGB and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of SGB therapy.

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)