The DYLL REVIEW
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25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 26, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
Medical necessity for stellate ganglion blocks, two units, CPT code 64510.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in Pain Management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

**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)
Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Overturn original prospective denial for stellate ganglion block

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
Records received: 17 page fax 8/11/2010 Texas Department of Insurance IRO request, 39 page fax 8/12/2010 URA Response to disputed services, 27 page fax 8/13/2010 from physician with office visit documentation, including administrative and medical records.

**PATIENT CLINICAL HISTORY [SUMMARY]:**
This injured worker indicated that about xx/xx/xx while exiting a truck, he fell about three feet, landing on the palm of his right hand. His right hand struck on concrete. The injured worker reported that his finger bent back and that he hit his back and right knee on the concrete. At the time of his employment, he was a.

The examinations indicated finding a right hand marrow contusion over the third metacarpal head, right hand diffuse, nonspecific edema, and right hand pain.

M.D., in a designated doctor examination 04/20/09 indicated the patient was not at MMI with a diagnosis of right hand injury and possible complex regional pain syndrome, unresolved lumbosacral sprain/strain, right knee contusion (resolved).

Treating Doctor performed four right stellate ganglion blocks from 06/18/09 through 08/06/09 for the diagnosis of complex regional pain syndrome, Type 1, RSD.

A second designated doctor examination was performed 11/23/09 by Dr., and it was determined that maximum medical improvement still had not been reached but would be expected by 08/23/10.

A third designated doctor examination 03/08/10 noted that maximum medical improvement was reached as of 03/08/10 with a 54% impairment rating.

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

*ODG* criteria for this invasive procedure is recommended as part of the treatment for RSD/CRPS.
This patient had undergone a triple-phase bone scan 02/19/10 showing findings that were consistent with the clinical diagnosis of RSD.

*ODG* stellate ganglion block as noted, "Recommendations (based on consensus guidelines) for use of sympathetic blocks:

(1) In the initial diagnostic phase, if less than 50% improvement is noted for the duration of the local anesthetic, no further blocks are recommended.
(2) In the initial therapeutic phase, maximum sustained release is generally obtained after three to six blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than two to three weeks is unusual.
(3) In the therapeutic phase, repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increase tolerance of activity and touch (decreased allodynia), and physical therapy/occupational.
(4) There is evidence that physical or occupational therapy is incorporated with the duration of symptom relief with the block during the therapeutic phase.
(5) In acute exacerbation, one to three blocks may be required for treatment.
(6) A formal test of the block should be documented (preferably using skin temperature).

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(7) Documentation of motor and/or sensory blocks should occur. This is particularly important in the diagnostic phase to avoid over-estimation of the sympathetic component of pain.

(Burton, 2006) (Staton-Hicks, 2004) (Staton-Hicks, 2006) (International Research Foundation for RSD/CRPS, 2003) (Colorado, 2006) (Washington, 2002) (Rho, 2002).

**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)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**