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Notice of Independent Review Decision

DATE OF REVIEW: 08/04/2011 **AMENDED REPORT 8/10/2011, parties notified 8/10/2011**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Outpt Stellate Ganglion Block X2 Left Hand 64510 99144 99145 A4550 A4649. Physical Therapy 3XWk X 4 Wks Left Hand 97110 97140 (PNR G0283)

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Outpt Stellate Ganglion Block X2 Left Hand 64510 99144 99145 A4550 A4649. Physical Therapy 3XWk X 4 Wks Left Hand 97110 97140 (PNR G0283).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker injured her left hand on xx/xx/xx while working. She reportedly “cut off” the volar aspect of the left thumb and lacerated the left index finger. She underwent flap closure of her wounds. Records indicate that she developed a complex regional pain syndrome and associated myofascial pain syndrome in the forearm musculature. A note from, M.D. dated January 25, 2011 indicated that the hand was cool, moist, and cyanotic. There was hypersensitivity to light touch, especially in the region of the left thumb. There was trigger point tenderness in the brachial radialis, pronator, extensor carpi radialis brevis, and extensor carpi radialis longus muscles. Dr. recommended two or more left stellate ganglion blocks done two weeks apart. He stated that these had provided relief of symptoms in the past. He recommended that she continue Celebrex and Tramadol and start Lyrica.

An impairment evaluation performed on January 28, 2011 yielded an impression that the injured worker had a 14% whole person impairment.

Dr. on March 8, 2011 indicated that the injured worker had undergone stellate ganglion blocks and trigger point injections “with improvement in her symptoms.” He noted continuing pain in the forearm area and less hypersensitivity to light touch. He stated that there was a question of whether the injections had caused headaches and difficulty swallowing. He recommended that she continue doing her daily exercise program and apply heat to the areas of local tenderness.

A functional capacity evaluation performed on June 7, 2011 indicated that the injured worker was functioning in a light PDL. On that same date, Dr. noted edema of the left hand. He stated that the hand was “slightly cool.” He noted some hypersensitivity to light touch and myofascial tenderness in the forearm musculature. He noted limited shoulder range of

motion with trigger points in the infraspinatus muscle and deltoid. He recommended that she continue Tramadol and Skelaxin and undergo two diagnostic and therapeutic stellate ganglion blocks as well as trigger point injections in the shoulder girdle and forearm musculature. He recommended rehabilitation three times a week for four weeks.

On June 13, 2011 and July 6, 2011 requests for treatment with stellate ganglion blocks were denied by two different reviewers.

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

Denial of requested services for Stellate Ganglion Block and Physical Therapy.

Rationale or Basis for Decision:

This record indicates that the worker injured her left hand in a work related accident on xx/xx/xx. She had surgical correction of the problem and developed a complex regional pain syndrome. There is a description of continued signs and symptoms of complex regional pain syndrome in January, 2011. Apparently, stellate ganglion blocks and trigger point injections were provided to the injured worker some time after Dr. evaluation on January 25, 2011. Dr. described positive results from the stellate ganglion blocks and trigger point injections, but the description of the improvement is cursory and incomplete. Dr. records indicate that the block and trigger point injections provided "improvement in her symptoms." He further stated that "there is less hypersensitivity to light touch."

ODG Treatment Guidelines state that "repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction and increased tolerance to physical activity and touch" in therapy activities. There is inadequate documentation of response to stellate ganglion blocks to warrant repeat blocks at this time.

This injured worker has received physical therapy previously and apparently did not have a positive response (Dr.). She has had a number of other treatment modalities including injections and psychological chronic pain management. The FCE showed only minimal limitation of motion and 5/5 strength in the digits of the hand. The OTR administering the evaluation did not recommend therapy but stated "Alternative placement within her occupation or with vocational counseling may be the most feasible plan." He noted that the injured worker's evaluation was limited by "self-limiting" and somewhat inconsistent behaviors. Dr. note indicated that the injured worker should undergo a rehabilitation program "to add some strength to the arm" but gave no other goals for the rehabilitation program. Given the injured worker's performance in the FCE, the recommendation put forth by the FCE examiner, and the lack of more specific goals, the medical necessity for a rehabilitation program 3 times a week for 4 weeks is not established by the information in this medical record.

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)