

SENT VIA EMAIL OR FAX ON
Feb/08/2011

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sympathetic Block with Fluoroscopy Levels T2-T3

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Dr. and/or Ortho 10/27/10 thru 1/21/11

Specialty Hospital 11/2/10

MRI 10/26

Direct 12/27/10 and 1/12/11

PATIENT CLINICAL HISTORY SUMMARY

This is a reportedly injured with a crush injury and laceration to the right hand along the dorsal ulnar on xx/xx/xx. Dr. and Dr. described it as being RSD. Technically, documented nerve injury would make it more likely to be CRPS-II or Causalgia than RSD. The records provided start 2 months post injury. They describe a swollen, edematous hand with reduced sensation with and also allodynia and contractures. An x-ray showed possible osteopenia.

The MRI showed bone swelling, consistent with osteomyelitis, but also with fluid at the trapezius and lunate. The doctors did not feel there was any infection. A stellate block on 11/2/10 did not help. It was correctly placed as a Horner syndrome developed. Dr. noted that he did not want to repeat this, but rather another sympathetic block at T2/3. He wrote on 12/14 of his plans for a series of blocks.

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

Dr. is partially right when he said the sympathetic T2/3 and the stellate blocks are different. The fibers for the sympathetic system start at T1. Ascending fibers lead to the cervicothoracic ganglia including the stellate ganglion. He intends to go caudal (but upstream) for the injection. The ODG does explain when this technique is acceptable.

It is not clear that this man has causalgia. The contractures and edema may be from dependency and disuse alone, but are also seen in CRPS. The sensory loss would be from the nerve injury. The IRO reviewer is not clear how much allodynia he has as the occupational therapists provided compression and manual stretching and did not describe the allodynia.

However, it is not important at this time to quibble if the diagnosis is appropriate or not due to the fine points. CRPS is best treated aggressively early. Dr. has the opportunity to actually see this man to better make the diagnosis. The ODG does not generally approve thoracic sympathetic blocks, but allows it certain circumstance. **Thoracic Sympathetic Blocks: Not recommended due to a lack of literature to support effectiveness. Utilized for sympathetic blocks of the upper extremity in the 20% of individuals with innervation of the upper extremity by Kuntz's nerves (nerves from the 2nd and 3rd thoracic sympathetic ganglia bypass the stellate ganglion and directly join the brachial plexus).**

Therefore, in this case the request is medically necessary.

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 KNOWLEDGBASE

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)