

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

64510 Stellate Ganglion Block (C Sympathetic)
77003 Fluor GID & LOCLZJ NDL/CATH SPI DX/

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

This was reviewed by a Board Certified Physical Medicine and Rehabilitation Physician with 15 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On February 17, 20XX the claimant had an appointment with MD for pain in left thumb-post traumatic partial amputation. In the review of systems the claimant rates pain today at 9/10, best the pain gets 4/10 and the worst is 10/10. The claimant describes the pain as throbbing tingling and states that the pain gets

better with hot bath or shower, pain medications, states numbness in the thumb. The physical examination states the left thumb pink warm with good cap refill. Claimant is unable to move thru range of motion due to the pain. There is a well-healed scar-mild deformity distal end of thumb. Unable to do much of an exam due to pain and patient withdraws hand. The pain level today is 9-10/10.

On February 17, 20XX there is a Drugs of Abuse screen completed by Lab. The labs are consistent with the reported prescription.

On February 28, 20XX the claimant had a follow up appointment with MD for a follow up visit. The claimant reported that the "medications are working pretty good" and rates his pain level with medication at 8/10. The discussion portion of the appointment states that "the patient states that overall, the medication regimen is effective and that their pain is usually under adequate control/tolerable. There has been no change in overall status. This suggests that therapy is appropriate and we will continue the current regimen. The plan is to continue the current pharmacological treatment.

The assessment states pain in left thumb. The plan is to have the claimant return to clinic in two weeks for reevaluation and DC HC and start Percocet.

On March 3, 20XX the claimant attended an appointment at Clinic by MD. The examination states Stellate Ganglion-Cervical Sympathetic. The preoperative and the postoperative diagnosis state complex regional pain syndrome, type 1, left thumb.

On March 9, 20XX the claimant attended a follow up appointment with MD. The HPI states no relief from block at all-pain increased since. Taking the Percocet helps relieve the pain. Pain level with medications is 10. In the physical exam section the report states "the patient appears to be in pain". The plan states "the plan is to continue with the current pharmacological treatment. Pain levels are tolerable with the current plan and the claimant will "return to clinic following the next Stellate Ganglion Block.

On March 23, 20XX the claimant attended a follow up appointment with MD. The HPI section of the appointment states that the claimant had an appointment with an ortho surgeon and asked that the doctor remove his thumb. The pain level during the appointment was reported to be 8-9/10. The assessment states pain left thumb-partial amputation. The plan states will continue with pharmacological treatment, follow up appointment in one month; increase neurontin to TID.

On April 6, 20XX the claimant attended a follow up appointment with MD. The claimant states that he lost his orthopedist due to discontinuing his practice. He is still having a lot of pain in his thumb. The medications do sometimes help his pain but on the severe days the pills don't help at all.

On April 13, 20XX the claimant attended a follow up appointment with MD. The claimant rates his current pain level at 9/10. In the discussion portion of the documentation it states that the claimant states that the medication regimen or

trial of medications (s) is ineffective and that their pain is not adequately controlled. The patient's response has not been as favorable as anticipated. We have discussed and/or reviewed other options such as changing or adjusting the medications, adjuvants, non pharmacological treatments, injections therapy, or referral to Spine Specialist. The plan states the plan is to continue with the current pharmacological treatment. The claimant will return to clinic in approximately one month for a follow up appointment.

On March 14, 20XX there is an Adverse Determination Letter to the claimant. The determination note states non-authorized medical necessity for Stellate Ganglion Blocks x (3) done a week apart. The rationale states the claimant has had stellate blocks on 3/3/XX with zero improvement. PT on 2/17-indicated moderate pain and incomplete exam. There is no evidence to support the diagnosis of RSD. There is no indication in repeat stellate blocks. I called Dr. on 3/14 at 10:52 a.m. I spoke to X and left a call back number. NP called at 12:07, we discussed the above information. She stated there are no swelling, no redness, positive painful left thumb. Conversation was polite. Evidence Based Guidelines Used: ODG/TWC-Pain.

On March 25, 20XX there is an Adverse Determination Letter (hand written notation states "Reconsideration") to the claimant. The Reconsideration Determination Note states non-authorized reconsideration for Stellate Ganglion Blocks x (3) done a week apart as not medically necessary. The rationale states: there is no basis to alter or amend prior adverse determination. The diagnostic label of CRPS has been assigned although the clinical records are devoid consistent evidence of the required 8 criteria to establish such a diagnosis (See the AMA Guides 5th Edition and ODG). Additionally, there is no evidence that the prior block had any effect. Per ODG Pain Chapter: 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. Left message for Dr. 3pm 03-24-20XX 3pm left cell number. No call back as of time of submission.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has a history of gastric ulcers and does smoke.

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

First, there is no documentation of improvement from the prior stellate blocks. Secondly, there is no evidence to support the diagnosis of CRPS in the submitted clinical records. Therefore, based on the ODG the previous decisions are upheld.

Per the ODG:

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 relief is generally obtained after 3 to 6 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 2 to 3 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 increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy. (4) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. (5) In acute exacerbations, 1 to 3 blocks may be required for treatment. (5) A formal test of the block should be documented (preferably using skin temperature). (6) Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. ([Burton, 2006](#)) ([Stanton-Hicks, 2004](#)) ([Stanton-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)