

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/05/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left Stellate Ganglion Block

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

M.D., Board Certified Anesthesiology/Pain Management

**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**

ODG Pain Chapter

Request for IRO dated 10/15/11

Utilization review determination dated 08/31/11, 09/14/11, 10/17/11

Clinical records 06/01/10, 07/21/10, 09/15/10, 08/24/11

Operative reports 07/08/10, 08/24/10

Clinical records Dr. 08/10/10, 09/01/10

MRI cervical spine 09/01/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male injured on xx/xx/xx. He was lifting a tote with his left hand and wrist when the weight twisted. He felt pain and a pop in his left wrist. He complains of low back pain radiating into the bilateral lower extremities. He underwent 2 surgical procedures including an ulnar shortening procedure. He is diagnosed with chronic regional pain syndrome of the upper extremity and wrist sprain. On 07/08/10 he underwent a left stellate ganglion block that provided 50% relief with increased range of motion, decreased edema, decreased redness, and decreased allodynia. On 08/24/10 he underwent a second left stellate ganglion block. It is reported that he received at least 50% improvement. His range of motion is better. He reports still feeling snapping. On 01/06/11 he had a repeat stellate ganglion block that provided greater than 50% relief for more than one month.

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

There is a lack of documentation on physical examinations to clearly establish the diagnosis of left upper extremity CRPS. This man has undergone 3 stellate ganglion blocks; the first on 07/08/10, the second on 08/24/10 and the third is reported to have been performed on 06/01/11. While the records report that he has had improvement with these treatments, it is

not clear from the limited information that he clearly has a diagnosis of complex regional pain syndrome. In addition to this, when stellate ganglion blocks are performed they are typically performed in a series to maximize the therapeutic benefit. The claimant periodically has received trigger point injections with no clear documentation of resolution of the CRPS. There are large gaps between the first and third stellate ganglion blocks. In the absence of more detailed clinical information to clearly establish the diagnosis, this request for Left Stellate Ganglion Block is not found to be 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 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)