

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RT Stellate Ganglion Block/Fluoroscopy

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

Board Certified Anesthesiologist

Board Certified Pain Medicine

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 - Official Disability Guidelines & Treatment Guidelines

Urine drug screen 08/06/13

Letter of appeal 09/26/13

MRI right elbow 12/11/12

Clinical notes 04/25/13-09/11/13

Electrodiagnostic studies 04/25/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right upper extremity when she had a fall at work. Clinical note dated 04/25/13 indicated the patient completing a full course of physical therapy with no significant benefit. The patient complained of right elbow pain with associated numbness and tingling and temperature changes into at the fourth and fifth digits. The initial injury occurred when she had an actual fracture. The patient was unable to full extend the right elbow. The patient also described the pain as a shocking sensation in the fourth and fifth digits. The patient stated that the right arm was fully extended when she had the fall. Electrodiagnostic studies on 04/25/13 revealed essentially normal sensory distal latencies and response amplitudes for both the median and ulnar nerves. Normal motor latencies were noted. No significant abnormalities were noted with a nerve conduction study. Clinical note dated 05/30/13 indicated the patient continuing with loss of motion at the right elbow. Pain continued at the right elbow specifically over the region of the ulnar nerve. Numbness and tingling were noted at the medial aspect of the hand specifically at the fourth and fifth digits. The patient rated the pain as 7/10. Clinical note dated 08/06/13 indicated the patient previously undergoing conservative treatment addressing the hairline fracture at the right elbow. The patient continued with 9/10 pain. The patient utilized gabapentin and

meloxicam for the continued complaints of persistent pain. The patient was also an everyday smoker of approximately one pack per day. Clinical note dated 09/11/13 indicated the patient continuing with severe pain at the right elbow. The patient was recommended for right sided stellate ganglion block.

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

Clinical documentation submitted for review notes the patient complaining of ongoing right elbow pain. Stellate ganglion block would be indicated in the upper extremities provided that the patient meets specific criteria, including specific findings indicating and supporting a diagnosis of chronic regional pain syndrome. No information was submitted regarding significant findings indicating the patient having chronic regional pain syndrome to include including allodynia, ongoing temperature changes, or skin and hair differences. Given that no information was submitted regarding symptomology supporting the diagnosis of chronic regional pain syndrome this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for right sided stellate ganglion block is recommended as not 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)