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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left stellate ganglion block at C5-6, C-7 under fluoroscopy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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 medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for left stellate ganglion block at C5-6, C-7 under fluoroscopy is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 05/10/13, 04/25/13
Office note dated 05/24/13, 04/17/13, 03/06/13, 02/04/13, 11/05/12, 09/04/12, 08/03/12, 07/05/12, 06/08/12, 05/25/12, 04/24/12, 03/09/12
Operative report dated 04/05/13, 06/25/12
Post arthrographic MRI left shoulder dated 02/01/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped and hit a rail with her shoulder. Per note dated 03/09/12, the patient had not had any therapy to date. Diagnosis is listed as left shoulder adhesive capsulitis. Per note dated 06/08/12, the patient has been treated with intraarticular injections and extensive therapy; she continues to have very limited motion. The patient underwent left shoulder arthroscopic extensive debridement including partial thickness cuff tear and partial labral tearing of glenohumeral joint and subacromial decompression on 06/25/12. Note dated 08/03/12 indicates that the patient recently began postoperative physical therapy. Note dated 09/04/12 indicates that the patient's case manager is concerned over the fact that she has missed several therapy visits. Note dated 02/04/13 states that the patient underwent cervical MRI and electrodiagnostic studies. MRI reportedly revealed left worse than right frontal stenosis at C4-5 and C5-6. The electrodiagnostic studies were normal. Diagnoses are listed as cervical radicular syndrome and post surgical adhesive capsulitis. Per note dated 03/06/13, there is mild allodynia with subtle temperature and color change of left compared with right upper extremity. It is opined that the patient has a sympathetic mediated pain syndrome involving the left upper extremity and she was recommended to undergo stellate ganglion block. The patient underwent left stellate ganglion block on 04/05/13. Follow up note dated 04/17/13 indicates that despite compliance

with rehabilitation efforts, she continues to struggle with discomfort. Note dated 05/24/13 indicates that "it looks like the block missed its mark". She never experienced any significant relief of her left arm pain. On physical examination reflexes, gait and balance are normal. No flaccidity or spasticity is noted. No motor or sensory deficits are noted. Light touch is intact. There is allodynia in the left upper extremity. Color and temperature asymmetries persist.

Initial request for left stellate ganglion block was non-certified on 04/25/13 noting that guidelines state that repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction and decreased allodynia. There is no noted improvement after the initial stellate ganglion block.

The denial was upheld on appeal dated 05/10/13 noting that the patient continues to present with cervical spine pain complaints as well as left upper extremity pain. The provider documents the patient received left stellate ganglion block on 04/05/13. In clinical note dated 04/17/13, the provider documented the patient was status post the injection. Despite compliance with rehabilitation efforts, the patient continued to struggle with discomfort. The provider did not indicate clear efficacy or duration of the patient's injection received on 04/05/13.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent initial left stellate ganglion block on 04/05/13. Follow up note dated 04/17/13 indicates that despite compliance with rehabilitation efforts, she continues to struggle with discomfort. Note dated 05/24/13 indicates that "it looks like the block missed its mark". She never experienced any significant relief of her left arm pain. The Official Disability Guidelines support repeat stellate ganglion block with evidence of increased range of motion, decreased pain, medication use reduction and decreased allodynia. Given the patient's lack of significant response to initial stellate ganglion block, medical necessity is not established for a second stellate ganglion block. As such, it is the opinion of the reviewer that the request for left stellate ganglion block at C5-6, C-7 under fluoroscopy is not recommended as 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)