

# Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

April/15/2014

### IRO CASE #:

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

A radiofrequency thermocoagulation, right stellate ganglion block

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

Board Certified Anesthesiology

### 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right shoulder. The EMG report dated 07/19/04 revealed mild to moderate right sensory and motor carpal tunnel syndrome. Mild sensory swelling was also identified at the left median nerve at the carpal tunnel. The nerve conduction study completed on 04/20/05 revealed a slight worsening of the entrapment at the left median nerve at the carpal tunnel. The MRI of the right shoulder dated 12/04/08 revealed severe joint space narrowing with prominent marginal spurring along the humeral head. The rotator cuff and labrum were identified as being normal. Operative report dated 11/30/10 indicated the patient undergoing stellate ganglion block stellate ganglion radiofrequency thermocoagulation on the right. Clinical note dated 03/19/14 indicated the patient complaining of right shoulder swelling with mottling and discoloration. Previous radiofrequency thermocoagulation in 2010 resulted in two years of pain relief 70% pain relief. The patient stated that he was experiencing right shoulder pain with a burning, aching sensation that was constant. The patient rated the pain as 4-8/10. The patient was recommended to proceed with a stellate ganglion radiofrequency thermocoagulation. The patient was continuing with physical therapy as well. Clinical note dated 04/26/13 indicated the patient continuing with severe levels of pain at the right shoulder with swelling, allodynia, mottling, discoloration, and temperature changes. Previous radiofrequency thermocoagulation of the stellate ganglion in 2010 provided 100% pain relief for two years. The patient continued with 70% reduction in pain. The patient continued with physical therapy and biofeedback and medications. Clinical note dated 01/27/14 indicated the past

medical history significant for three back surgeries and at least 14 procedures addressing the low back complaints, two shoulder surgeries, four stellate ganglion blocks, at least seven radiofrequency thermocoagulation right side stellate ganglion blocks, at least nine injections at the shoulder, and left sided carpal tunnel release. The patient continued with a right shoulder pain. The patient reported a grinding sensation at the right shoulder with a burning, pain radiating to the hand, and numbness and occasional swelling at the right hand. The patient pain was rated at 7/10. Clinical note dated 02/05/14 indicated the patient continuing with physical therapy with no long term significant benefit. Utilization review dated 02/04/14 resulted in a denial as repeat blocks recommend were recommended with evidence of increased range of motion, a decrease in pain, and medication use in the increasing tolerance of activities and touch. Utilization review dated 02/26/14 resulted in denial as no information was submitted confirming increase in function with a decrease in medication intake and symptomology.

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

Clinical documentation indicates the patient having a long history of upper complaining of a burning and numbing sensation in the right upper extremity. The patient previously underwent radiofrequency thermocoagulation on the right at to stellate ganglion block with a reported 100% pain relief. However, no information was submitted regarding increase in activity tolerance with a decrease in medication use. Clinical notes indicated the patient continuing with physical therapy. However no therapy notes were submitted confirming objective functional improvements. No information was submitted regarding significant reduction in pain medication following the previous procedure. Given these findings, a repeat thermocoagulation stellate ganglion block on the right is not indicated. As such, it is the opinion of this reviewer that the request for the radiofrequency thermocoagulation stellate ganglion block on the right is not medically is not indicated as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**