

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Stellate Ganglion Block

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

Board Certified Anesthesiologist

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 female who sustained an injury on xx/xx/xx. Per the clinical report from 11/20/13, the patient was previously diagnosed with carpal tunnel syndrome and had been treated with physical therapy, chiropractic therapy, and other rehabilitative care. The patient indicated that she had continual intermittent swelling, temperature changes, and sensitivity to touch as well as avoidance of contact. On initial physical examination, the patient had mild Tinel's signs in the right wrist with marked allodynia to soft touch as well as loss of passive range of motion in the right wrist and hand. There was decreased grip strength present. Diminished sensation was noted in a non-dermatomal fashion. Spurling's sign was negative and there was no evidence of loss of range of motion in the cervical spine. There were concerns regarding CRPS. The patient was recommended for a trial of Neurontin and Amitriptyline as well as sympathetic blockades for the right upper extremity. Follow up on 12/02/13 indicated the patient was doing well with Neurontin and Amitriptyline. The patient was still recommended for sympathetic blockades for her apparent CRPS symptoms. Electrodiagnostic studies from 12/27/13 showed decreased velocity in the right ulnar motor and left ulnar motor unit. There was increased latency and decreased velocity in the right median as well as the left median nerves. On 01/09/14, indicated that the patient continued to have symptoms consistent with CRPS. felt hardened criteria had been met in regards to CRPS.

The request for a right stellate ganglion block was denied by utilization review as the criteria

for CRPS had not been met. No electrodiagnostic studies were available for review.

The request was again non-certified by utilization review as there were no other diagnostics available ruling out other conditions prior to consideration for a sympathetic nerve blockade.

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

The patient presents with continuing complaints of chronic pain in the right upper extremity at the wrist, arm, and hand. The actual date of injury is xx/xx/xx. There is no evidence of a substantial inciting injury such as a crush type injury to the right hand that is typical of CRPS type cases. When the patient first saw on 11/20/13, there were indications that she had completed physical therapy as well as chiropractic treatment; however, it is unclear when this was performed. The patient's initial physical examination findings did note positive allodynia as well as non-dermatomal sensory loss. There was no evidence of hyperhidrosis or skin mottling. No hypertrophic changes were apparent. This reviewer does not agree that the patient has met all the hardened criteria for CRPS. Furthermore, electrodiagnostic studies have identified a bilateral carpal tunnel syndrome and the electrodiagnostics did not include the EMG portion effectively ruling out cervical radiculopathy. In this case, there has been insufficient documentation regarding all reasonable methods of ruling out other conditions that may be contributing to the patient's current condition. There has been no indication of carpal tunnel injections which could reasonably alleviate the patient's symptoms given the evidence consistent with carpal tunnel syndrome. Also, as cervical radiculopathy has not been yet effectively ruled out, a diagnosis of CRPS has not yet been established. In lieu of the insufficient objective findings for CRPS as well as limited documentation effectively ruling out other contributory conditions, it is this reviewer's opinion that the right stellate ganglion block requested for this patient is not medically necessary. As such, the prior denials are upheld.

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