



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 3/16/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Stellate Ganglion Block x 3 for right hand.

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

D.O. Board Certified in Anesthesiology and 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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female who was first injured xx/xx/xx when she was bitten on her right hand. Patient apparently developed complex regional pain syndrome in the right hand and was treated by physical therapy and two stellate ganglion blocks that gave her good relief for 4-6 weeks. At that time she was on Gabapentin and ibuprofen. Patient continued to work but complained of a lot pain and hyperpathia on the dorsum of the right hand. Patient continued to be treated to reduce and control her pain down. Patient's injury was exacerbated on 10/01/2014 when she was hit on the dorsum of the right hand by a student. Patient underwent a first and fourth dorsal compartment injection with reported 50% relief of her pain but continues to complain of neuropathic symptoms. Physical exam revealed normal skin color and turgor except for a bluish tinge on metacarpophalangeal joint with some duskiness on the dorsum. No edema was noted, and there is a full range of motion in the cervical spine, shoulder, elbow, and wrist. Patient continues to report hypersensitivity on the dorsum of the hand, there is decreased grip strength secondary to pain, and negative Tinel's sign bilaterally. Patient also complains of difficulty sleeping at night with no apparent history of anxiety or depression. Presently patient is on Hydrocodone, Gabapentin, Amitriptyline, and ibuprofen.



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

Per ODG references, the requested services "Right Stellate Ganglion Block x 3 for right hand" are not medically necessary. No documentation was provided of improved ROM or function from the previous injection, and the injection alone cannot be used for therapeutic purposes if not coupled with other modalities of treatment.

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

- 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