



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

DATE OF REVIEW: 4/01/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right Stellate Ganglion Block under Fluoroscopy & IV Sedation

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 injured at work on xx/xx/xx when a roll of paper pushed her hand down against a metal table. Patient had an initial pain evaluation on 12/15/2014, at that time her pain score was 8-9/10. She had right hand pain, right wrist pain and apparently the pain moved to her elbow and shoulder despite conservative treatment to include physical therapy and medication. On physical exam patient had swelling in right hand compared to left hand, decreased grip strength with pain on internal and external rotation of her elbow and shoulder. Also patient had mild allodynia and hyperesthesia throughout her neck and back. Patient was started on hydrocodone 7.5/325 TID, Neurontin 400mg TID and Elavil 10mg QD. On 01/5/2015 patient was seen in office again. At this time her pain had decreased to 6-7/10 but patient continued to complain of pain in her hand, swelling and dropping things. On physical exam, she had moderate swelling, pain with soft touch, pain with passive range of motion in hand, wrist, elbow and shoulder. At this time, a stellate ganglion block was requested and apparently denied. On 02/09/2015 patient again was seen in the office with patient reporting more swelling in her hand, increased sweating, a cold hand, and hyperesthetic. Again a stellate ganglion block was requested and denied. On 7/14/2014 patient had an NCV that showed mild ulnar neuropathy. An MRI on 09/09/2014 showed mild discogenic degenerative changes throughout the cervical spine. Updated right hand x-ray showed no pathology.

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

Per ODG references, the requested services " Outpatient Right Stellate Ganglion Block under Fluoroscopy & IV Sedation" are medically necessary. The patient meets the criteria for complex regional pain syndrome. The patient did exhibit most of the criteria of Budapest (Harden) that is included in the ODG guidelines. Patient had swelling, sweating, discoloration, hypersensitivity to touch, a cold hand compared to the opposite hand, pain with range of motion and decrease of range of motion. For all these reasons a Stellate ganglion block is certifiable.



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**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