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Notice of Independent Review Decision

**Date notice sent to all parties:** 01/12/15

**IRO CASE #:**

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

Left stellate ganglion block

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

Board Certified in Anesthesiology  
Fellowship Trained 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Left stellate ganglion block - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was allegedly injured on xx/xx/xx with no description of the injury to his left arm provided nor any history documented of the treatment provided to the claimant prior to the initial progress note provided for my review dated 10/10/14. That note documented that the claimant was returning for one-month follow-up for "reflex sympathetic dystrophy (RSD) of his left arm" and had last undergone left stellate ganglion block on 07/24/14. The claimant complained of increasing pain and numbness in his left arm. The claimant stated that his pain level dropped from its current level of 4/10 to 1/10 or 2/10 for "about three weeks after the injection." The physician assistant who saw the claimant, noted that the claimant was continuing to take Methadone 110 mg a day, Zolpidem, Effexor, and Trazodone, apparently despite the stellate ganglion blocks performed and with no documented decrease in any of the medications following previous stellate ganglion blocks. Although Ms. documented that the claimant obtained "100% relief" from stellate ganglion blocks, it was noted that his pain level dropped from 4/10 to 1/10 or 2/10, which is clearly not 100% relief. Ms. documented physical examination evidence of normal muscle strength in both upper and lower extremities. Sensation was intact in both upper extremities with "some" hyperalgesia and allodynia, especially over the forearm. There was also "decreased sensation" to light touch over the left border of the little finger and hand on the ulnar border. Shoulder range of motion was pain-free and full bilaterally. Left upper extremity strength was normal in all muscle groups and there was symmetric grip strength. There was "minimal" coldness over the left lateral border of the hand. ordered another stellate ganglion block and refilled all the claimant's medications. A preauthorization request was made on 10/21/14 for the left stellate ganglion block. Initial physician advisor review was carried out on 10/27/14. Multiple attempts were made to contact the requesting physician but apparently no peer-to-peer discussion occurred. The physician advisor recommended non-authorization of the requested procedure, citing the ODG treatment guidelines regarding stellate ganglion blocks, as well as there being no documentation that the claimant had decreased any of his medications or increased activity tolerance as a result of any of the blocks nor that the claimant had continued doing any type of physical therapy.

The claimant was seen by another physician assistant on 11/11/14, who noted that the claimant's pain level was now decreased to 3/10 and that he complained of exactly the same symptoms as he did in the previous visit. All of his medications were continued at the same levels and doses as before. Physical examination again documented hyperalgesia to deep palpation, non-specific hypersensitivity to the left forearm, normal perfusion, full range of motion, and grossly intact sensation. then requested reconsideration and appeal of the previously denied stellate ganglion block. On 11/19/14, another preauthorization request was made for the left stellate ganglion block. A second physician advisor reviewed the request on 11/26/14, apparently completing a peer-to-peer discussion. The second physician advisor, citing the ODG guidelines, also recommended non-authorization of the requested stellate ganglion block. On

12/09/14, the claimant was seen again by Physician Assistant, who noted the claimant's pain level had returned to 4/10, its baseline level. She also, however, noted that the claimant was in a "great deal of pain" after simply removing a hair from his forehead using his left hand. Despite the alleged "great deal of pain," the pain level was, as mentioned, listed as only 4/10, no different than it was two visits before. Ms. documented that the claimant had obtained "significant improvement for a great deal of time" following each previous stellate ganglion block, despite the documentation Ms. provided on 10/10/14 indicating much shorter duration of relief. Physical examination was exactly, word-for-word, the same as the previous visit with Ms. On 12/18/14, office provided another preauthorization request for the left stellate ganglion block.

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

Although it is alleged that this claimant obtained "100% relief" from the previously provided stellate ganglion blocks, it is readily apparent that his relief is more along the lines of 50 or 60% and, according to the progress notes, lasts only two or three weeks. Additionally, there is no indication that the claimant is continuing any type of home physical therapy nor, for that matter, any documentation of what treatment had been attempted for this claimant's left arm pain prior to the office visit documented on 10/10/14. Additionally, there is no documentation of the history of this injury to provide objective corroboration for a diagnosis of RSD. That diagnosis, in fact, is not supported by the physical examinations that are documented in each of the three office visits provided for my review, as they lack the necessary significant number of physical examination findings required by the ODG to support a diagnosis of RSD. Additionally, and perhaps most importantly, there is no documentation that this claimant has ever reduced any of the amount of medications that he is taking, including a relatively large dose of Methadone, despite or following any of the alleged stellate ganglion blocks he has ever had. Therefore, based upon the lack of sufficient physical examination findings to support a diagnosis of RSD, the lack of any documentation of ongoing home therapy as a necessary prerequisite to the use of stellate ganglion blocks as an adjunct to that therapy, the lack of any documentation of the claimant's decreased use of medications including large amounts of opiate, and the clear documentation by Ms. of the claimant obtaining only relatively short-term 50 to 60% relief from the stellate ganglion blocks allegedly previously performed, the request for left stellate ganglion blocks is not medically reasonable or necessary. In my opinion, therefore, the prior recommendations for non-authorization of the requested procedure by two different physician advisors were both appropriate and the requesting provider did apparently have the opportunity to discuss the case with each of the physician advisors, apparently completely a peer-to-peer discussion with the second physician advisor. The requesting physician has therefore had an adequate opportunity to discuss the case with physician advisors and, in my opinion, has failed to provide sufficient justification in the medical records provided for my review to justify authorization or medical necessity for the

requested left stellate ganglion block. Therefore, the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN 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)