



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 03/11/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A left stellate ganglion nerve block.

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

Texas State Licensed MD Board Orthopedic Surgeon

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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The XX-year-old was reportedly injured in XX/XX/XX in association with the individual's left hand having been caught in a conveyor. The individual was evaluated and treated including with x-rays and a bone scan, the latter as of XX/XX/XX. The individual also had been evaluated with MRIs of the left shoulder and cervical spine and left upper extremity. Diagnoses had included scar conditions and fibrosis of the skin along with complex regional pain syndrome and impingement syndrome. As of XX/XX/XX, there was ongoing left hand pain reported as 10/10 with radiation of the left arm and to the left side of the neck and into the hand, aggravated by movement. Treatments had included therapy, altered activities, and medications. There had been complaints of joint swelling, muscle weakness, decreased and painful range of motion along with a burning sensation, difficulty with activities of daily living including turning keys in the ignition, shaking hands, and difficulty with lifting fine motor skills and grasping and pinching. Exam findings had included painful dorsal and palmar aspect of the hand along with left ulnar and radial aspect of the hand. There were reports of ongoing translational instability and locking and spasm. Diagnoses had included complex regional pain syndrome.

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

The combination of clinical and bone scan findings does not at this time fully corroborate or support that potential pain and/or condition generators other than complex regional pain



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syndrome have been fully evaluated and/or ruled out. The, applicable clinical guidelines, discussed that the results of the considered stellate ganglion nerve block that have been inconsistent and are not necessarily reliable overall. Large volume long-term studies have not documented conclusive evidence, supporting this type of intervention, especially in this clinical situation. Extenuating circumstances have not been documented. There are multiple plausible other pain generators. Therefore, at this time, medical necessity has not been established.

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)