

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/10/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Diagnostic / Therapeutic right stellate ganglion block under fluoroscopy IV sedation

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)

On XX/XX/XX, the physician noted the patient continued with moderate to severe right arm and hand pain, and a failed surgical rehabilitative medical treatment option that was consistent with a neuropraxic injury followed by secondary CRPS. The patient was recommended diagnostic/therapeutic stellate ganglion blockade. Per the provider, diagnostic/therapeutic sympathetic blockade is a standardized treatment regimen, which allows physician to gather further formation as the persistent nature of the patient's pain requiring ongoing narcotic, and non-narcotic analgesia. The patient's Tylenol was increased to Tylenol No. 4 three times per day, gabapentin was increased to 800 mg 3 times a day as the patient was having shooting, and burning sensations in his right forearm and hand with pain with massive range of motion consistent with CRPS. Per the provider, the patient's affect and sleep had improved with amitriptyline. The patient was recommended to add Benadryl as he was still having difficulty following sleep.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The previous request was denied based on there was no plan of physical or occupational therapy seen in the updated documents provided. The Official Disability Guidelines state if intra-articular symptomatic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase without evidence of thermal or a tactile sensory block, documentation of motor and/or sensory should occur, a Horner's sign should be documented for upper extremity blocks, the use of sedation with the block can influence results and this should be documented if utilized. Based on the clinical note dated XX/XX/XX, the physician recommended diagnostic/therapeutic sympathetic block for persistent symptoms of CRPS. The guidelines further state there should be evidence that physical or occupational therapy is incorporated with a duration of symptom relief of the block during the therapeutic phase. However, based on the clinical notes submitted for review, the request is for diagnostic purposes at this time. There is no evidence the patient has previous blockade. Given the patient remains symptomatic with CRPS despite conservative care provided to date,

the request for stellate ganglion at this time is indicated. Therefore, the previous determination is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)