Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

March 2, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0834-01
CLIENT TRACKING NUMBER: M2-05-0834-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIoA for independent review in accordance with TWCC Rule 133, which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:
FROM THE STATE:
Notification of IRO Assignment dated 2/11/05 1 page
Order for Payment of Independent Review Organization Fee 1 page
Letter to MRIoA from Texas Workers Compensation Commision dated 2/11/05 1 page
Medical Dispute Resolution Request/Response 1 page
Provider list sheet 1 page
Table of disputed services dated 2/1/05 1 page
Letter to Ann White from Concentra dated 12/28/04 1 page
Letter to Ann White from Concentra dated 12/7/04 2 pages

(continued)

FROM UNITRIN:
Letter to MRIoA from Unitrin dated 2/16/05 1 page
Letter to Ann White from Concentra dated 12/28/04 2 pages
Letter to Ann White from Concentra dated 12/7/04 2 pages

FROM DR. OLIVA:
Progress note dated 12/14/04 1 page
Progress note dated 2/16/05 1 page

Summary of Treatment/Case History:
The claimant is a lady who allegedly suffered a workplace injury on ___. Subsequently she developed symptoms of reflex sympathetic dystrophy of the left arm and hand. She has been treated with physical therapy and at least one radiofrequency treatment of the left stellate ganglion. This apparently produced significant clinical effect for less than 1 month.

Questions for Review:
1. Please address the prospective medical necessity of the proposed repeat RFTC of stellate ganglion block left, regarding the above-mentioned injured worker.

Conclusion/Decision to Not Certify:
1. Please address the prospective medical necessity of the proposed repeat RFTC of stellate ganglion block left, regarding the above-mentioned injured worker.

Although there is some evidence that radiofrequency stellate ganglion blocks are effective in the treatment of reflex sympathetic dystrophy, it appears from the little evidence in the peer-reviewed literature that a minority of patients achieve significant long-term pain control, even after good results from stellate ganglion blocks (Forouzanfar, 2000). This patient appears to have gotten less than a month of effect, which would not be considered to be a positive result from a radiofrequency ablation. Therefore, further radiofrequency ablations are not indicated on the basis of this effect.

The medical necessity of the repeat radiofrequency treatment of the left stellate ganglion has not been met.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
In order to be reimbursed, a service must meet all of the following criteria:
1. It must be adequately and completely documented in the medical record as having been done in accordance with the definition of the billed code in the A.M.A. Current Procedural Terminology.
2. It must be medically necessary for the claimant's clinical condition in compliance with accepted medical standards and specific selection criteria.
3. It must not be an included or incompatible code of any other code billed, according the Medicare National Correct Coding Initiative.
4. It must have been shown to be safe and effective treatment of the patient's condition by scientifically valid evidence published in the reputable, peer-reviewed medical literature.
5.It must be in compliance will all restrictions and limitations of the patient's insurance contract

(continued)

References Used in Support of Decision:

Forouzanfar, et al. (2000). Radiofrequency lesions of the stellate ganglion in chronic pain syndromes: retrospective analysis of clinical efficacy in 86 patients. Clin J Pain 16:164-8.

Kastler, et al. (2001). [Stellate ganglion radiofrequency neurolysis under CT guidance. Preliminary study]. Jbr-Btr 84:191-4.

Massad, et al. (1991). Endoscopic thoracic sympathectomy: evaluation of pulsatile laser, non-pulsatile laser, and radiofrequency-generated thermocoagulation. Lasers Surg Med 11:18-25.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

(continued)

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1140890.1
cb

cc: Trinity Universal