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

MRIoA

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-06-0038.M2

August 15, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2081-01
CLIENT TRACKING NUMBER: M2-05-2081-01/5278

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 case in question 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:

Records Received from the State:
- Notification of IRO Assignment, dated 07/12/05 – 1 page
- Texas Workers' Compensation Commission Form, dated 07/12/05 – 4 pages
- Letter from Concentra to Manjit Randhawa, DO, dated 06/23/05 – 1 page
- Letter from Concentra to Manjit Randhawa, DO, dated 06/01/05 – 2 pages

Records Received from Dr. Charles Hudson:
- Patient Financial History by DT Service, dated 07/12/05 – 1 page
- Texas Worker's Compensation Work Status Report, dated 03/23/05 – 1 page
- Chart Note, dated 03/23/05 – 1 page

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Records Received from Dr. Manjit Randhawa:
- Invoice, dated 07/12/05 – 1 page
- Progress Note, dated 07/05/05 – 1 page
- History and Physical, dated 04/27/05 – 2 pages

Records Received from the Insurance Company:
- Letter from Dr. Brooks to Iris M. Salley, RN, dated 03/21/04 – 13 pages
- Radiology Report, dated 02/13/03 – 1 page
- Peer Review Report, dated 03/23/03 – 8 pages
- Operative Report, dated 03/28/03 – 2 pages
- Discharge Summary, dated 03/28/03 – 1 page
- Follow-up Office Visit, dated 04/09/03 – 1 page
- Office Visit Notes, dated 04/14/03 – 1 page
- Subsequent Visit and Findings, dated 04/14/03 – 1 page
- Operative Report, dated 04/29/03 – 2 pages
- Discharge Summary, dated 04/29/03 – 1 page
- Operative Report, dated 04/29/03 – 2 pages
- Office Visit Notes, dated 05/05/03 – 2 pages
- Subsequent Visit and Findings, dated 05/05/03 – 1 page
- Operative Report, dated 05/22/03 – 2 pages
- Discharge Summary, dated 05/22/03 – 2 pages
- Operative Report, dated 05/22/03 – 2 pages
- Discharge Summary, dated 05/22/03 – 1 page
- History and Physical, dated 05/22/03 – 1 page
- Diagnosis/Procedures Validation, dated 05/22/03 – 1 page
- Follow-up Office Visit, dated 07/02/03 – 1 page
- Anesthetic Evaluation, dated 07/03/03 – 1 page
- Operative Report, dated 07/03/03 – 2 pages
- Discharge Summary, dated 07/03/03 – 1 page
- Operative Report, dated 07/03/03 – 2 pages
- Discharge Summary, dated 07/03/03 – 1 page
- Operative Report, dated 07/03/03 – 2 pages
- Follow-up Office Visit, dated 07/23/03 – 1 page
- Follow-up Office Visit, dated 08/06/03 – 1 page
- Operative Report, dated 09/11/03 – 2 pages
- Discharge Summary, dated 09/11/03 – 1 page
- Follow-up Office Visit, dated 11/07/03 – 1 page
- Texas Worker's Compensation Work Status Report, dated 11/07/03 – 1 page
- Operative Report, dated 01/09/04 – 2 pages
- Discharge Summary, dated 01/09/04 – 1 page
- Diagnosis/Procedures Validation, dated 01/09/04 – 2 pages
- Operative Report, dated 01/09/04 – 2 pages
- Anesthetic Evaluation, dated 01/09/04 – 2 pages
- Operative Report, dated 01/09/04 – 2 pages
- Discharge Summary, dated 01/09/04 – 1 page

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- Physiatric Peer Review, dated 01/27/04 – 3 pages
- Office Visit Notes, dated 03/09/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 03/09/04 – 1 page
- Office Visit Notes, dated 03/09/04 – 1 page
- History and Physical, dated 04/27/05 – 2 pages
- Follow-up Office Visit, dated 05/07/04 – 1 page
- Review by Dr. Pamplin, dated 05/10/04 – 4 pages
- Texas Workers' Compensation Work Status Report, dated 05/07/04 – 1 page
- Operative Report, dated 06/24/04 – 2 pages
- Operative Report, dated 06/24/04 – 2 pages
- Texas Workers' Compensation Work Status Report, dated 04/14/03 – 1 page
- Texas Workers' Compensation Work Status Report, dated 05/05/03 – 1 page
- Payment of Compensation or Notice of Refused/Disputed Claim, dated 04/15/04 – 1 page
- Order for Payment of Independent Review Organization Fee, dated 08/01/05 – 1 page

Summary of Treatment/Case History:

The patient is a 51 year-old female with date of injury of ___. She had prior right ulnar nerve symptoms before this in 1995 and then 3 subsequent right arm nerve surgeries after. She had 5 IMEs with no diagnosis of RSD noted until 2002. She had 2 EMGs which were read as normal; a hand MRI that was normal. She had 7 stellate ganglion blocks (SGBs) from 3/03 through 6/04 with relief lasting initially 2 weeks then up to 2 months or so. She continues to require pain medication throughout and was in PT initially but apparently not now. Some IME/record reviews feel the patient has RSD that is related to the injury and some do not. There are few symptoms listed except for pain in the right arm. Even the pain MD initial exam of 4/05 only notes pain with minimal hyperesthesia bilateral elbows.

Questions for Review:

1. Pre-authorization denied for stellate ganglion block right side.

Explanation of Findings:

The patient has a diagnosis of possible RSD but has minimal clinical findings to support this. She does get some relief from the SGBs, but most recently has plateaued at about 2 months of relief. This was since the 5th SGB in 9/03 to present time. It is reasonable to continue these injections if the patient has supporting symptoms and continues to gain increasing amounts of relief. Neither is the case here.

Conclusion/Decision to Not Certify:

Question 1: Pre-authorization denied for stellate ganglion block right side.

The decision is to not certify the SGBs as medically necessary.

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Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Criteria used are common practice among osteopathic and pain physicians.

References Used in Support of Decision:

Bonica's Management of Pain, third edition copyright '00.

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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.

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.

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cc: Requestor and Respondent