

April 13, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1093-01

CLIENT TRACKING NUMBER: M2-06-1093-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records from the State:

Notification of IRO Assignment, 4/4/06

Notice of receipt of request for Medical Dispute Resolution, 4/4/06

Medical Dispute Resolution Request/Response form

Table of Disputed Services

Lists of Providers

Letter from Intracorp, 2/17/06

Review, Barry Kern, MD, 2/1/06

(continued)

Records received from Dr. Arnulfo Carrasco:

Consultation, A. T. Carrasco, MD, 3/21/05

Follow up examinations, 4/14/05, 6/7/05, 7/7/05, 8/4/05, 9/6/05, 1/24/06, 2/21/06

Two letters from Carrasco Pain Institute, undated, outlining dates of service

Operative reports, 3/30/05, 4/6/05, 5/11/05, 5/25/05, 6/16/05, 6/23/05

Records received from Respondent:

Letters from Carolyn Guard, 3/30/06, 4/7/06

Preauthorization Request form, undated

Letter from Intracorp, 2/17/06

Case Even Summary

Summary of Treatment/Case History:

The patient is a 55 year-old female with a ____ date of injury. The left stellate ganglion blocks were denied once as the reviewer felt the patient's symptoms of left arm sympathetic pain were mild and medications should be tried first. Another review felt the patient had not exhausted PT or other conservative modalities. Dr. Carrasco responds that the patient has had PT and medications (cymbalta and hydrocodone). Her symptoms are burning pain in the left hand. She has pain with ROM, cyanosis, edema, and hypersensitivity in the left hand. He recommended two stellate ganglion blocks. As of 4/15/05, the patient had two stellate ganglion blocks with good result and was participating in PT.

The patient was noted to have less symptoms and more function after these injections. In 6/05, the provider asked for two more stellate ganglion blocks, and he placed her on neurontin. There is no indication these were done. In 1/06, she was noted to have worsening of symptoms after chiropractic care. Again, cyanosis, edema, hyperhydrosis, and hypersensitivity are noted. He asked for two more stellate ganglion blocks, and notes they gave her good relief in the past.

Questions for Review:

Item(s) in dispute: Left stellate ganglion block x2 (#64510).

1. Please advise on medical necessity of stellate ganglion block x2 (#64510).

Explanation of Findings:

The patient has definite symptoms of RSD of the left arm. She did get good and prolonged relief from two stellate ganglion blocks in the past, but had an exacerbation of symptoms months later after chiropractic care. She has and is doing PT and taking medications. Based on the fact that she is doing PT, is taking medications, her current exacerbation of symptoms, and her response to the stellate ganglion blocks done before, it is reasonable to do two of them, as they are often done in a short series.

(continued)

Conclusion/Decision to Certify:

1. Please advise on medical necessity of stellate ganglion block x2 (#64510).

The two proposed stellate ganglion blocks are medically necessary.

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 2000.

Practical Management of Pain by P. Raj copyright 2000.

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.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk

P. O. Box 17787

Austin, TX 78744

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. MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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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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Case Analyst: Valerie O ext 554

cc: Requestor
Respondent