

DATE OF REVIEW: 8/10/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient bilateral occipital cryoablation under fluoroscopy

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

This case was reviewed by a board certified in physical medicine and rehabilitation with sub-specialization in pain management on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
723.8	64640			Prospective		xx/xx/xx		Upheld
723.8	77003			Prospective		xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 7/27/07
2. Determination Notices – 2/25/07, 3/6/07
3. Records and Correspondence from Pain Institute – 2/11/07
4. Records and Correspondence from Disability Evaluating – 4/5/06
5. Records and Correspondence from Radiology – 2/12/07

PATIENT CLINICAL HISTORY:

This case concerns an adult female who sustained a work related injury on xx/xx/xx. Records indicate that she sustained injury while pulling down a heavy box and felt a sharp pain in the base of her neck and into the shoulder area. Diagnoses have included chronic right occipital headaches and occipital neuralgia. Evaluation and treatment for this injury has included medications and MRIs.

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

There is no documentation of diagnostic occipital nerve block providing short-term relief of this patient's symptoms to strongly suggest occipital neuralgia as the underlying condition. There is insufficient peer-reviewed evidence supporting the utilization of cryoablation therapy for occipital neuralgia. Cryoablation of the occipital nerves is not generally accepted medical intervention as its safety and efficacy has not been clearly demonstrated in the peer-reviewed literature. Further, there is imaging evidence of

concurrent supraspinatus tenonopathy as well as cervical disc disease confounding the diagnosis and making the underlying diagnoses unclear. In general, neural ablative procedures are only considered when all conservative therapies have been satisfactorily implemented and failed (such as physical therapy, neuropathic pain medications, occipital nerve blocks, etc). Therefore, the requested outpatient bilateral occipital cryoablation under fluoroscopy is not medically necessary for treatment of this patient's condition.

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)