

**DATE OF REVIEW:** 12/11/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical interlaminar ESI, bilateral occipital nerve block/decompression.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Pain Management Specialist, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The procedure/services in dispute as stated above are not medically necessary in this case.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. URA letters of denials & criteria utilized in the denial-ODG
3. Hospital and discharge summary-11/20 and follow up note 04/05/07
4. Radiology reports 11/15, 11/17, 11/18, 11/21, 11/22, 12/01/2006, 02/06, 02/16/2007
5. Hospital documentation of ESI & nerve block 10/15/07

**INJURED EMPLOYEE CLINICAL HISTORY:**

This is a xx -year-old male who has headaches after an injury on xx/xx/xx that occurred from a work-related motor vehicle accident. Multiple injuries occurred including facial fractures, rib fractures, and hemothorax.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

Per ODG Guidelines, there must be the evidence of radiculopathy to fulfill the criteria for cervical epidural steroid injections. This individual has chronic headaches. There is no evidence that radiculopathy exists. Therefore, the criteria is not met for cervical epidural steroid injections.

With regard to the greater occipital nerve block/decompression, there is no evidence in the submitted documentation that a decompression is planned. ODG Guidelines state that the evidence supporting this procedure is equivocal. There is some evidence that greater occipital nerve block may be useful, rather, as a diagnostic measure. Usual clinical practice dictates that there is tenderness and pain is reproduced by palpating the greater occipital nerve. The documentation provided is handwritten and mostly illegible. Therefore, I cannot verify whether there is tenderness and pain produced by palpating the greater occipital nerves. Due to lack of documentation, it is not reasonable to perform bilateral greater occipital nerve block.

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**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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