

MATUTECH, INC.

DATE OF REVIEW: MARCH 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left occipital nerve block injection

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member. The reviewer has been in active practice for ten years.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Crawford and Company:

- Office notes (06 – 02/13/07)
- Utilization reviews (02/15/07 – 02/27/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female patient with a long history of neck problems. Her original injury occurred when she developed neck pain with numbness and tingling in her fingers. She reported no specific injury.

On November 21, 2006, M.D., an orthopedic surgeon, performed a medical evaluation. He noted the following treatment history: *In April 1994, magnetic resonance imaging (MRI) of the cervical spine demonstrated central and right paracentral spondylosis and herniated discs at C4-C5 and C5-C6, most severe at C5-C6. A cervical myelogram demonstrated right herniated disc at C6-C7 and a*

large herniated disc at C5- C6 on the right. M.D., performed an anterior cervical discectomy and fusion (ACDF) at C5-C6 and C6-C7. The patient had a recurrence of pain and underwent a C3-C4 ACDF in April 2000. In 2001, she had a posterior fusion at C3-C4. In 2004, she had a posterior laminectomy on the left at C7-T1 with nerve root decompression and posterior instrumentation with fusion at C4-T1. She had some improvement in her arm pain but continued to have significant neck pain with occasional numbness and tingling in her fingers. She saw Dr. about every two months for medications and trigger point injections (TPI). Dr. diagnosed chronic pain syndrome and rendered the following opinions: (1) Because of the multiple operations, it was undoubted that she would continue to have difficulty with her neck and would need follow-up visits and perhaps further diagnostic tests and intermittent injections, and she would need to continue the medications that she was taking. (2) She had multiple surgeries with some pseudoarthroses and extension to other levels because of degenerative changes, but she met acceptable standards of care. (3) Her current treatment was maintenance care following her multiple surgeries, and she would need continued treatment for the remainder of her life.

In a follow-up in December, Dr. noted that she had obtained relief with bilateral occipital nerve blocks and trapezial TPI in the previous visit but her pain was coming back. He diagnosed bilateral occipital neuritis and refilled analgesic medications and an antidepressant.

In February 2007, Dr. requested a left occipital nerve block and prescribed RS-TENS medical supplies. On February 22, 2007, the requested nerve block was denied stating the following rationale: *The patient had had extensive treatment, both conservative and surgical. She had prior injections with return of pain. She was on significant narcotic medications. It did not appear that conservative as well as surgical treatment had significantly impacted her pain. It was extremely doubtful that occipital nerve blocks would be of any significant long-term benefit.* Dr. resubmitted a request for a left occipital nerve block. The request was denied again on February 27, 2007, mentioning the following rationale: *The medical records indicated that the patient had occipital nerve block and trapezial TPIs in the past with excellent results. These, however, were essential for myofascial type pain syndromes and would not be related to the cervical radiculopathy that the patient was being treated for. Non-certification of the occipital block was recommended as it would have no effect on the chronic cervical radiculopathy that the patient was being treated for.*

ADDITIONAL INFORMATION WAS SUBMITTED BY DR IN THE FORM OF OFFICE NOTES.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. PATIENT WITH OCCIPITAL NERVE PAIN WITH PREVIOUS SUCCESSFUL TREATMENT OUTCOMES. THE THERAPEUTIC EFFICACY OF THE TREATMENT IS SELF-EVIDENT BASED ON PREVIOUS REPORTS OF TREATMENT. ALSO, THE NECK CAN REFER PAIN IN THE OCCIPITAL AREA AND AT THE VERY LEAST WOULD UNMASK CERVICOGENIC PAIN.

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) (AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) (ODG GUIDELINES)