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IRO America, Inc.

DATE OF REVIEW: 11/11/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

NIX ANES OTH PRPH NRV/BRANCH and FLUOROSCOPIC GUIDANCE NEEDLE.

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

M.D., neurologist and fellowship-trained pain specialist, board certified in Neurology and Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Explanation of review by Funding dated 06/29/07 as well as 08/13/07
2. Center of Texas note dated 03/13/07
3. Letter by Dr. dated 08/28/07
4. Note by Dr. at Surgery Center dated 02/07/07 through 05/31/07
5. Procedure note on 05/31/07 indicating right-sided cervical selective nerve block at one level using fluoroscopy and MAC anesthesia for preoperative diagnosis of cervical pain, cervical radiculopathy, and occipital neuralgia with injectables used including 0.5 cc bupivacaine 0.75% and 0.5 cc lidocaine 2% as well as the usage of propofol 100 mg in addition to contrast dye

6. Preauthorization determination letter dated 04/24/07 apparently preauthorizing medical necessity for the outpatient C2 selective nerve root block requested at the time
7. Chiropractic note by Dr. dated 06/28/07
8. Report of MRI scan of the cervical spine dated 02/02/07 as well as brain MRI report dated 05/29/07
9. No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury in which she was “punched in the back of the head” and was “knocked down.” She apparently went for evaluation at on the date of injury with headache as well as vomiting. MRI scan and CT scan were done at the time, which were apparently normal. The claimant has been diagnosed with a possible cervical radiculopathy for which she has undergone a cervical epidural steroid injection, but she has also been given a diagnosis of occipital neuralgia/neuritis, apparently having responded with one day of pain relief to an occipital nerve block done sometime in November 2006. The note for this injection is not available, and therefore the Reviewer is not certain as to which medications were utilized, and specifically if a steroid was utilized or not in addition to the presumed local anesthetic that was injected. The claimant has undergone various treatments including physical therapy as well as medications including membrane stabilizers such as Neurontin, Inderal presumably for migraine prophylaxis, Cymbalta, as well as analgesic such as Lortab, Methadone, etc. A right-sided selective nerve root block at T2 was completed on 05/31/07, presumably as part of the differential diagnosis for occipital neuralgia pain. Though preauthorized, and the procedure having been completed, it is now being challenged as being “medically unnecessary.”

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

The Reviewer agrees with the previous reviewers that the overwhelming evidence in this case points toward a diagnosis of occipital neuralgia. The mechanism of injury as described in the notes available would implicate direct injury via impact to the occipital nerve, and it would be difficult to explain why this type of injury would result in an etiology for this claimant’s pain to be emanating from an upper cervical root. Certainly, a temporary response to the occipital nerve block that was done in November should have been taken as a diagnostic confirmation for occipital neuralgia and involvement of more peripherally (at the base of the skull or more distally), and further treatment targeting the occipital nerve would certainly have been appropriate. It is unclear to this reviewer if steroid was actually utilized during the one occipital nerve block that was performed, but additional injections have been considered, if not other treatment targeting the occipital nerve, if needed. The Reviewer has been asked to review the “medical necessity” for the procedure, which the Reviewer finds lacking for upper cervical radiculitis as a mechanism for this claimant’s ongoing symptoms. Therefore, after a careful review of all medical records, the Reviewer’s medical assessment is that treatment was not medically necessary. The Reviewer considered the ODG Guidelines in the determination

of the case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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)