

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/25/2008

### **IRO CASE #:**

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

Brain MRI, Greater Occipital Nerve Block injections x2 (CPT 64405), and Pamelor.

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

Doctor of Osteopathy, Board Certified Anesthesiology, and Specializing in Pain Management

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

**There is no medical necessity for a brain MRI (already done), greater occipital blocks (no proven efficacy) or Pamelor (nortriptyline a tricyclic antidepressant).**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 08/19/08 MCMC Referral
- 08/18/08 Notice To Utilization Review Agent Of Assignment,
- 08/18/08 Notice To MCMC, LLC Of Case Assignment,
- 08/18/08 letter
- 08/18/08 Confirmation Of Receipt Of A Request for A Review, DWC
- 08/14/08 Request For A Review By An Independent Review Organization
- 08/13/08 office note, CMA
- 07/15/08 Utilization Review Determination
- 07/09/08 Fax cover sheet with note from Pain Control Center
- 08/12/08, 06/18/08, 04/30/07, 04/24/07, 03/29/07, 03/15/07, 03/01/07 reports from M.D., Pain Control Center
- 06/26/08 MRI brain, Upright MRI
- 05/26/07 MRI lumbar spine, Upright MRI
- 05/21/07 telephone note

- 04/20/07, 04/17/07, 04/13/07, 04/12/07, 04/11/07, 04/05/07, 04/02/07, 03/30/07 Physical Therapy Daily Notes, D.C., Pain Control Center
- 03/28/07 Initial Report, D.C., Pain Control
- 03/15/07 EMG/NCV report, M.D.Pain Control Center
- 03/06/07 MRI cervical spine, Upright MRI
- 01/03/07 MRI lumbar spine, Medical Center
- 01/03/07 MRI thoracic spine, Medical Center
- 12/07/06 MRI head, Medical Center
- 12/07/06 MRI cervical spine, Medical Center
- 12/07/06 cervical spine radiographs, Medical Center
- Note: Carrier did not supply ODG Guidelines.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a female with date of injury xx/xx/xx. An object fell on her head. She ultimately had a C4-7 fusion in 02/2007. The injured individual complained of neck pain, left arm weakness, and headache to her attending provider (AP) who performed a brain MRI that was negative and a cervical MRI that was stable postoperatively. She complains of low back and right leg pain to her chiropractor but not neck or headache pain. A nerve conduction velocity (NCV) study of her legs was negative.

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

The injured individual had a brain MRI that showed microvascular changes already therefore another MRI is not required. Also, there is no indication of neurological deficits, disturbed consciousness, and no acute changes. The greater occipital nerve blocks are denied as this injection is considered investigational/experimental (I/E) per the literature and Official Disability Guidelines. Pamelor is not considered necessary as there is no documented evidence that the injured individual has overt depression.

It is noted that the injured individual complains of neck pain and headache to her neurologist but she complains of low back and right leg pain to her chiropractor who was performing physical therapy (PT) on her.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

#### **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**

Official Disability Guidelines 2008 for Brain MRI: Indications for magnetic resonance imaging:

- To determine neurological deficits not explained by CT
- To evaluate prolonged interval of disturbed consciousness
- To define evidence of acute changes super-imposed on previous trauma or disease

Official Disability Guidelines for greater occipital blocks: Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a

short-term duration. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. (Bovim, 1992) See also the Neck Chapter: Cervicogenic headache, facet joint neurotomy; Greater occipital nerve block, diagnostic; & Greater occipital nerve block, therapeutic

### **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Physician Desk Reference for Pamelor: Pamelor is prescribed for the relief of symptoms of depression. It is one of the drugs known as tricyclic antidepressants. Some doctors also prescribe Pamelor to treat chronic hives, premenstrual depression, attention deficit hyperactivity disorder in children, and bedwetting.