



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** February 20, 2008

**IRO CASE #:**

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

Bilateral occipital nerve block injections times two.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

The physician reviewer is Board Certified in Anesthesiology and fellowship-trained in Pain Management. Additionally, the physician reviewer holds a certificate of added qualifications in Pain Medicine. The physician reviewer has been actively involved in the practice of Pain Management for over 20 years.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Records of Dr. dated 11/15/2007 and 12/27/2007, as well as 01/30/2008.
2. Reports from two different physician advisors dated 01/02/2008 and 01/14/2008 were provided for my review.

ODG's were not presented by the carrier.

All of the above documents were personally reviewed by this reviewer.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The only clinical history documented regarding this claimant is that she was originally injured on xx/xx/xx, but no information regarding that injury was provided. The claimant apparently underwent anterior cervical discectomy and fusion at the C6-7 level in 2003, preceded by L4-5 laminectomy in 2002. The claimant also apparently completed a full

chronic pain management program. Dr., in his followup visit of 11/15/2007, documented that the claimant was receiving medications through Dr. He noted the patient's complaint of chronic neck and low back pain. No other complaints were listed. Physical exam documented the claimant having trigger points in the trapezius muscle. She underwent six trigger point injections by Dr. in the trapezius muscles on that date. The claimant returned to Dr. six weeks later still complaining of chronic neck and lower back pain. For the first time, a complaint of "occipital headaches" was documented, but no further information regarding the nature of that complaint was provided. Physical exam documented tenderness suboccipitally and tenderness in the posterior neck and upper trapezius. Tenderness was also noted in the lower back. Dr. recommended bilateral occipital nerve blocks. Two different physician advisors subsequently evaluated this request, both of whom recommended nonauthorization based upon the lack of any differential diagnosis or investigation of the recently documented headaches, as well as lack of support in ODG Treatment Guidelines. On followup visit on 01/30/2008, Dr. documented the claimant's same complaint of neck and lower back pain, as well as pain over the coccyx, sacrum, posterior neck and bilateral trapezius. He indicated the claimant was taking hydrocodone 10 mg q.i.d., Effexor 75 mg b.i.d., and gabapentin 300 mg t.i.d., as well as Celebrex and Skelaxin. Physical exam documented nonspecific tenderness over both occipital nerves, as well as over the back of the neck, the sacrum, the coccyx and both trapezius muscles. No mention was made of radiation of pain in palpation of the occipital nerve.

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

There is no valid evidence of this claimant having occipital neuritis or occipital headaches. In fact, no information at all is provided regarding the nature or severity of these headaches. Additionally, as pointed out by the initial physician reviewer, there has been no workup for a possible cause for these headaches. Nonspecific tenderness of the suboccipital region or allegedly of the occipital nerves is not sufficient to diagnose occipital neuritis or occipital headaches, nor is it sufficient to justify or provide reasonable medical necessity for performance of occipital nerve blocks. Typically, occipital neuralgia does not simply cause posterior neck pain. This claimant does not manifest the typical findings associated with occipital neuritis according to the physical exam documentation only of tenderness over the back of her neck or the occipital nerve. Therefore, based upon lack of subjective complaints consistent with occipital neuralgia or occipital neuritis, as well as lack of sufficient physical examination evidence to justify such a diagnosis, bilateral occipital nerve blocks are not medically reasonable, necessary or indicated. Furthermore, according to ODG Treatment Guidelines, there is "little evidence" that greater occipital nerve blocks provide sustained relief when used for therapeutic purposes. Additionally, ODG Treatment Guidelines criticized the nonspecific nature of occipital nerve blocks that could result in a false positive identification of the occipital nerve as a pain generator. ODG Treatment Guidelines, therefore, do not support the performance of greater occipital nerve blocks for either diagnostic or therapeutic purposes. Therefore, the recommended non-authorization of bilateral greater occipital nerve blocks is, in my opinion, appropriate and, therefore, upheld.

**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 judgment, 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.)