Notice of Independent Review Decision

REVISED REPORT

To correct transcription error. Use of the word "Post" is incorrect. Should have been "Pulse". See corrections in bold pring

REVIEWER'S REPORT

DATE OF REVIEW: 06/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1. **Pulse** radiofrequency treatment of C2 and C3 nerve roots on the right.
2. Occipital nerve block on the right.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., neurologist and fellowship-trained in Pain Management

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

_____Upheld (Agree)

_____Overturned (Disagree)

__X __Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim*	*Upheld Overturn*
726.12	***64999/ 64405***		***Prosp.***		***01/29/08***				***64999-Upheld 64405-Overturn***
726.12	***64999/ 64405***		***Prosp.***		***02/26/08***				***64999-Upheld 64405-Overturn***

INFORMATION PROVIDED FOR REVIEW:
1. TDI Case Assignment
2. Letters of Denial dated 01/29/08 and 02/26/08
3. Operative report dated 01/12/07
4. CT scan report without contrast of the cervical spine
5. Treating doctor's correspondence dated 03/09/06 and 03/06/08
6. Follow up evaluations dated 01/09/07, 01/23/07, 02/15/07 and 04/17/07
7. Progress notes dated 02/28/07, 03/15/08, 10/03/07, and 01/11/08
8. Request form for request for a review by an Independent Review Organization dated 04/10/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant sustained a work-related injury on xx/xx/xx. Ongoing pain complaints have included neck, right shoulder, and upper extremity as well as headache pain. This claimant has undergone cervical facet joint/medial branch radiofrequency treatment on the right side at multiple levels, including C2, C3, C4, C5, C6, and C7. Also performed has been a right stellate ganglion block as well as cervical fusion surgery from C5 to C7. Trigger point injections as well as Botox injections have also been performed, resulting in some partial relief, especially of pain in the right shoulder area. The claimant has been treated with gabapentin as well as Cymbalta. Because of ongoing right-sided neck pain at the upper levels as well as pain described in the distribution of the upper cervical nerve roots, presumably in the distribution of the occipital nerve on the right, as well, along with tenderness over the same areas, a request has been made for treatment of the upper cervical roots at C2 and C3 on the right with **pulse** radiofrequency procedure as well as occipital

nerve block on the right targeting the greater and lesser branches with steroid, as documented in a note by Dr. on 01/15/08.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
I agree with previous reviewers that **pulse** radiofrequency of the cervical nerve root is not an established treatment for ongoing radiculopathy or radiculitis symptomatology. There does not appear to be any evidence clinically that the pain source can be attributed to the upper cervical roots as an explanation for this claimant's ongoing pain. Lack of diagnostic confirmation of the pain source isolated to the upper cervical roots as well as lack of literature to suggest that the **pulse** radiofrequency treatment is done routinely for this type of presentation, I would agree that this requested portion of the procedure is not medically reasonable or necessary at this time.

On the other hand, the request for occipital nerve blocks with steroid on the right side, targeting the greater and lesser branches, I believe is medically reasonable and necessary as these injections can provide not only diagnostic confirmation of occipital neuralgia but potentially provide the therapeutic benefit at the same time. I would assume that the steroid injections also would be done with some local anesthetic, which may provide fairly immediate confirmation of the diagnosis, if there is immediate pain relief of the ongoing headache pain. It should be noted that pain from the occipital nerves can certainly imitate the patterns that would be expected from the upper cervical nerve root including pain and tenderness in the occipital area as well as radiation to the vertex of the scalp, over the ear into the temple, as well as a possible referred pain pattern that can be felt in the retroorbital or periorbital area on that side. This does appear to be described in this claimant's pain complaints.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
__X__ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.)