I-Decisions Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left occipital nerve block

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

M.D., Board Certified Neurosurgeon with additional training in Pediatric Neurosurgery

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)

Upon independent review the reviewer finds that the requested left occipital nerve block is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination Letters, 2/14/08, 4/8/08
ODG Guidelines and Treatment Guidelines
MD, 10/12/00-3/27/08
MD, 4/20/04-1/28/08
MD, 3/11/08, 7/12/06
MD, 4/13/04
MD, 12/8/03, 3/8/04, 3/20/03, 12/16/02

MD, 9/2/03, 7/17/03
MD, 12/5/02, 5/12/01
MD, 10/30/02, 12/26/00, 7/16/01
MD, 7/14/00
MRI of Cervical Spine, 03/11/2008, 12/18/03
MRI of Cervical Spine, 7/7/00
Memorial Hospital, 11/13/02-11/14/02; 7/7/00-7/16/00
DO, 2/9/07, 1/26/07, 1/23/07, undated
MD, 2005
RN, 5/6/05
Medical Center, 3/30/05
CT Cervical Myelogram, 06/14/2006, 3/30/05, 10/30/2002
Cervical Myelogram, 3/0/05, 04/13/2004, 06/14/2006, 10/30/2002
Operative Report, 06/14/2006, 3/30/05, 04/13/2004, 11/13/2002, 10/30/2002
Myelogram, 6/14/06
MD, 12/15/05
MD, 3/24/08
RN, PhD, 6/14/04
SOAP Notes
CPMP Daily Notes
Cervical spine plain films 07/24/2006, 12/08/2003, 03/08/2004, 09/02/2003, 03/20/2003, 07/17/2003, 12/16/2002, 12/05/2002, 07/07/2000, 07/10/2000, 07/07/2000, 07/16/2001, 05/10/2001, 07/14/2000
CT of the head report 07/12/2006
CT of the cervical spine 12/26/2000

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with date of injury xx/xx/xx when she was involved in a roll-over accident. She had a cervical fracture-dislocation in the past that required a reduction and internal fixation and fusion, followed by a disc extrusion at C4-C5 that required an ACDF at this level 11/2002. She has worsening severe posterior cervical pain with discomfort in the left trapezius and left occipitl area and discomfort in both arms, particularly on the left. MRI of the cervical spine 03/11/2008 shows at C3-C4, a broad-based disc bulge that narrows the anterior subarachnoid space with some cord contact, but no signal abnormality in the cord. There is some foraminal narrowing bilaterally at C4-C5. Flexion and extension views of the cervical spine 07/24/206 show no abnormal movement. EMG/NCV 01/2007 showed no evidence of radiculopathy, and carpal tunnel was noted bilaterally. The provider is requesting a left occipital nerve block.

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

The requested left occipital nerve block is medically necessary. This patient has severe, refractory chronic pain. She has had two prior cervical surgeries. Some of her pain is in the distribution of the greater occipital nerve. She is completely incapacitated by her pain. Given the failure of multiple modalities, medications, therapy, etc. it is not unreasonable to do a diagnostic occipital nerve block and see if this, in any way, alleviates her pain. According to the ODG, this procedure is “under study” but the procedure is not, however, “not recommended”. It should therefore be used in carefully selected patients who have failed other, more standard, treatments for pain. Again,

given the distribution of her pain, it is not unreasonable to give her an occipital block to help alleviate her pain and also determine its etiology.

References/Guidelines

ODG "Neck and Upper Back" chapter
Greater Occipital nerve block
Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. (Haldeman, 2001) Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. (Biondi, 2005) (Leone, 1998) (Aetna, 2006) In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). (Bogduk, 2004) An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions. (Bovim, 1992)

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)**