

US Decisions Inc.

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DATE OF REVIEW:

Jun/04/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Injection, Anesthetic Agent, Greater Occipital Nerve, 64405

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in 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

ODG Guidelines and Treatment Guidelines
Determination Letters, 5/1/09, 5/4/09, 5/6/09
MD, 4/28/09
MD, 3/9/09, 4/27/09, 12/29/08
FCE, 11/20/08, 10/27/08
MRI of the Left Shoulder, 7/16/08
MRI of the Lumbar Spine, 5/4/09
MD, 4/24/09, 4/22/09, 3/21/09, 1/26/09
Operative Report, 1/22/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured xx-xx-xx when a fence reportedly fell on her. Her initial complaints involved her hand, shoulder and low back. Most of the information provided discussed these injuries. Dr. described her as having posterior neck pain and the gradual onset of headaches in the 4/29/09 note. Dr. did not comment about any headaches or posterior cervical pain. She had an FCE on 10/27/08 that did not describe any headaches or cervical pain.

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

Dr. 4/29/09 note was the first to discuss the claimant's headaches and cervical pain. He wrote "Patient also complains of headaches. Onset: gradual Onset; gradual Severity; Moderate to severe Nature: aching Aggravated by: none Relieved by medications." His examination described wide spread spasms, limited motion and tenderness that included the

suboccipital area. There are no other comments provided about the headaches by the other practitioners closer to the date of injury. The role of the Greater Occipital Nerve Block is discussed in two sections of the ODG, the head and the cervical spine. The headache section recognizes a possible justification for the blocks to differentiate cervicogenic headaches from other causes. Dr. did not describe in his note the location of her headaches. As noted in the cervical section of the ODG, there are arguments for the procedure in the treatment of cervicogenic and occipital neuralgia headaches. It further noted that this procedure can lead to more confusion about the pain generator. Further, when used for treatment, it should be used with "concomitant therapies: due to its limited benefit." The treatment has not been justified in the records provided for this review. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Injection, Anesthetic Agent, Greater Occipital Nerve, 64405.

Greater occipital nerve block (GONB)

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.

Greater occipital nerve block, diagnostic

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) See also Greater occipital nerve block, therapeutic and the Head Chapter.

Greater occipital nerve block, therapeutic

Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. (Bogduk, 2004) See also Greater occipital nerve block, diagnostic and the Head Chapter.

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

ACOEM-AMERICA 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)