



Notice of Independent Review Decision

DATE OF REVIEW: 9/21/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a left occipital nerve block injection.

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

Texas licensed Neurosurgeon.

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)

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.

The previously denied request for a left occipital nerve block injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 8/27/09, 8/18/09.

- Fax Cover Sheet dated 9/2/09.
- Appeal Letter dated 8/20/09.
- Examination Report dated 8/13/09, 7/15/09, 5/4/09.
- Preauthorization Request Sheet (unspecified date).

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Reaching for stock.

Diagnosis: Cervicalgia

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

This male had a date of injury of xx/xx/xx, when reaching for stock. He was status post anterior discectomy and fusion of C5-C6 in 01/18/2002. He has had medications, trigger point injections, and work hardening programs. A note of 08/13/2009 documented a positive response to bilateral occipital nerve blocks in April 2009. The left-sided symptoms were noted to return quickly and the right-sided symptoms remained asymptomatic. On examination, he was tender in the area of the greater occipital nerve on the left, and not on the right. He had been given a home exercise program. The current request is for a repeated left occipital nerve root block. The procedure is medically necessary. Based on the prior injection and physical findings, the claimant appears to be suffering from occipital neuralgia. Given that he did experience some prior relief from the prior injection, it is reasonable to repeat the injection. The Occupational and Disability Guidelines "Head" chapter classify occipital nerve injections as "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....This block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches." As the provider noted in his letter of appeal, the claimant was involved actively in a home exercise program. Therefore, given all facts of this case, the left occipital nerve root injection is medically necessary.

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

ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Head – Greater occipital nerve block.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).