

SENT VIA EMAIL OR FAX ON
Sep/09/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

occipital nerve block bilateral

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 7/27/09 and 8/12/09

Back 6/18/08 thru 7/16/09

Radiology Reports 12/30/08 and 7/31/08

Pre Op 12/29/08

OP Reports 12/30/08 and 9/17/08

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured in a fall from a ladder in xx/xxxx. She had neck pain and posterior headaches with vertigo. Migraines vs tension headaches were considered. The occipital headaches continued after a prosthetic disc was inserted at C5/6 12/30/08. Dr. wrote for possible trigger point injections and subsequently for occipital nerve blocks for the occipital

headaches “radiating up over the head...”

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

The ODG neither condemns nor recommends the use of the greater occipital nerve block, although most reviews did not support its use. The key point was that if it could be used in differentiating between cervicogenic, migraine and tension headaches. These were all posed in the records as possible diagnoses. It is unlikely to be of any lasting therapeutic value. The request was for a therapeutic rather than a diagnostic injection. Therefore, it is not justified.

Occipital nerve block (Head chapter)

See [Greater occipital nerve block](#) (GONB).

Greater occipital nerve block (GONB) (head chapter)

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 (neck chapter)

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 (neck chapter)

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)