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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Occipital nerve block injection

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-TWC Neck & Upper Back Procedure Summary
, Outpatient Non-Authorization Recommendation, 6/8/10
, Outpatient Reconsideration Decision: Non-Authorization, 6/23/10
MRI 3/2/09, 2/2/09
Dr., M.D. 6/9/09, 7/27/09, 12/8/09
7/14/10
Decision and Order, TDI, 5/5/10
Dr., 7/6/10
ESI, 3/26/09, 6/5/09, 7/23/09, 9/20/09
Procedure Note, 8/31/09
Hospital System, Dr., Handwritten notes, 4/6/10, 3/9/10, 2/8/10, 2/2/10, 12/1/09, 11/2/09
Lab, 11/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured while at work on xx/xx/xx. She developed neck pain and back pain and knee pain. Radiological studies showed cervical stenosis with the greatest narrowing at C5/6 and slightly lesser at the adjacent levels. She has an L5/S1 HNP with arthritic changes in the knee. She had a normal EMG. She underwent cervical and lumbar ESIs in 2009. She had a bilateral occipital nerve block on 2/8/10. She has ongoing neck pain. The hand written notes from Dr. note cervical and occipital pain and the need for occipital nerve blocks. "The patient has occipital neuralgia/cervicogenic headaches. This is demonstrated by marked tenderness to palpation in the occipital regions and she frequently has headaches radiating through the back of her head/neck. She has responded well in the past to these injections with at least several weeks of symptomatic improvement."

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

The ODG discusses the potential value of the GONB for differentiating cervicogenic from other types of headaches. Her doctor has diagnosed occipital neuralgia/cervicogenic headache in this patient. The ODG acknowledges that there may be some temporary relief

for occipital and cervicogenic pain. However, according to the ODG the studies have shown conflicting results, and when positive, have found response limited to a short-term duration.

The patient had the procedure six months ago with “several weeks” of benefit. The notes do not say how long she benefited or to what degree. Based on this incomplete information and ODG that says that the GONB is still under study with conflicting results, the reviewer finds that medical necessity does not exist at this time for Occipital nerve block injection.

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.

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)