

SENT VIA EMAIL OR FAX ON  
Aug/30/2010

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/30/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Occipital Radiofrequency Ablation right under fluoroscopy

**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 7/28/10 and 8/17/10  
Institute 12/4/08 thru 8/12/10

**PATIENT CLINICAL HISTORY SUMMARY**

This man sustained a neck injury. He has ongoing neck pain and reportedly a right C7 radiculopathy. He had at least one, but possibly more, RF of the occipital nerve with a year or longer of pain relief. The most recent note from 8/12/10 described an aching pain (4 out of 10) in the posterior skull/neck.

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

The ODG does not directly address RF treatment, but does discuss diagnostic and therapeutic Greater occipital nerve blocks. The request is for a therapeutic intervention. These indications report it can be used (under study) for cervicogenic headaches, but the studies cited little sustained relief and the need for "concomitant therapies.) Its value is of limited duration. Beyond the factor of this is that this person gets relief for 1+ years after the

procedure. This is a sustained result. He has been on several different opiates/opioids. The Texas Medical Board Rules Chapter 170 addresses the need for any reasonable treatment protocol that can reduce the use of opiates. This would appear to be present here. The Therapeutic GONB is not contraindicated, but remains understudy. True, this person had a better outcome than that anticipated in the ODG. The ODG also states that “The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.”

Based upon the prior outcomes, the lack of a full prohibition and the ODG acceptance of some variance, as in this case, the request is medically necessary.

**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)