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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
One Office Visit with Dr DO and Right Occipital Nerve Block

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine & Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Adverse determination letter dated 03/07/11, 03/17/11
Medical records Dr. DO
Appeal letter dated 01/26/11
Follow up note dated 01/12/11
Functional abilities evaluation dated 03/15/11
Designated doctor evaluation dated 08/27/10, 05/28/09

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as him to falling backwards against a wall.

The patient has a history significant for previous work-related injury on x/xx/xx. On this date the patient felt a pop in his neck and shoulder. Designated doctor evaluation dated 05/28/09 indicates the patient's history is significant for depression, right knee surgery and carpal tunnel surgery. He reports receiving physical therapy, TENS unit, epidural steroids and nerve root blocks. EMG/NCV dated 10/09/08 revealed no conclusive evidence of left cervical radiculopathy. Diagnosis is reported as left shoulder strain, cervical strain and cervical disc displacement. The patient was determined not to have reached MMI as he has an approved right selective nerve root injection scheduled for the following week. Following this, "it is unlikely there is anything further that can be performed for him".

There is a gap in the treatment records until designated doctor evaluation dated 08/27/10. MRI of the cervical spine dated 07/08/10 reportedly revealed a 3 mm central right paracentral C5-6 disc protrusion and a 2 mm central/left paracentral C6-7 disc protrusion with mild central spinal stenosis at C5-6. There is mild left sided degenerative facet hypertrophy at C4-5 with some associated marrow edema and enhancement at C5-6. There is also a mild left foraminal narrowing at C3-4 and C4-5 with mild bilateral foraminal narrowing at C5-6. Extent

of injury is cervical IVD disorder with myelopathy, cervical sprain/strain, left elbow sprain/strain and contusion to left elbow. There is a gap in the treatment records until follow up note dated 01/12/11. The patient reports that he has completed 9 sessions of PT. Follow up note dated 03/09/11 indicates that the patient is finishing up with his work hardening program. He continues with problems with headaches along with pain at the cervical spine that radiates into the right occipital area and around the right ear.

On physical examination range of motion of the cervical spine is painful with tenderness noted specifically at the occiput, especially right sided. The patient has tenderness with positive Spurling's for pain radiating into the left upper extremity. Deep tendon reflexes are +2/4 in the upper extremities and manual muscle testing is 5/5 in the upper extremities. Functional abilities evaluation dated 03/15/11 indicates that required PDL is heavy, and the patient could safely go back to his full-duty job without restrictions.

Initial request for one office visit with Dr. DO and right occipital nerve block was non-certified on 03/07/11 noting that Official Disability Guidelines do not provide data to support an expectation that the requested procedure would be expected to provide a long term reduction in pain symptoms. The denial was upheld on appeal dated 03/17/11 noting that the use of greater occipital nerve blocks is under study and is not fully supported by guidelines at this time. There is evidence they do provide some short term relief but no long term benefit.

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

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records indicate that the patient completed a work hardening program and is capable of returning to work without restrictions. The Official Disability Guidelines report that greater occipital nerve blocks are under study and are not supported at this time. There is evidence that they do provide some short-term relief, but no long term benefit. The reviewer finds there is no medical necessity for One Office Visit with Dr DO and Right Occipital Nerve Block.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)