

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Occipital Nerve Block via decompression-right

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines and Treatment Guidelines

Pre-authorization request review 08/19/11 adverse determination requested occipital nerve block via decompression – right

Pre-authorization reconsideration review 09/09/11 adverse determination appeal request occipital nerve block via decompression – right

MRI brain 10/04/07

MRI cervical spine 10/04/07 and 07/01/11

Evaluation reports Orthopedic Surgery Group 09/25/07 through 08/25/11

Physical therapy initial evaluation and daily progress notes 11/13/07 through 01/17/08

Physical therapy initial evaluation and daily progress notes 03/23/11 through 05/05/11

Urine drug screen 06/09/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. He fell from a ladder and complained of pain in his head and dizziness and neck pain. MRI of the cervical spine was obtained on 10/04/07 and revealed severe degenerative disc disease, spondylosis and spinal stenosis with soft tissue edema suggested posteriorly. No definite acute injury of the vertebral bodies or cervical cord was identified. MRI of the brain obtained on the same date reported no definite evidence of acute injury. Findings suggest acute sinusitis in the left maxillary and ethmoid air cells. If there was facial trauma facial fractures cannot be completely excluded. He was treated with an extended course of physical therapy. On 06/01/11 he was examined by Dr. with chief complaint of neck pain and head pain. Records indicate he had multiple pain generators after falling off a ladder in 2007. He complains of occipital headache. There was reproducible pain with palpation of the greater occipital nerve on the right. There was also tenderness to palpation along the facet line on the right side. A radicular component to his pain was noted with numbness extending just prior to the thumb on the right. A new MRI was obtained on 07/01/11 and reported multilevel cervical spondylitic changes. At C6-7 there is moderate spinal canal stenosis and severe bilateral foraminal narrowing. At C3-4 and C4-5 there is moderate spinal canal stenosis with severe

right foraminal narrowing. At C2-3 there is mild spinal canal stenosis of the severe right foraminal narrowing. At C5-6 there is moderate spinal canal stenosis. On 07/20/11 the injured employee was noted to have two pain generators the first being occipital neuralgia on the right in addition to cervical radiculitis on the right. MRI results were reviewed with evidence of multiple levels of neural foraminal stenosis, which is severe. The injured employee was recommended to undergo occipital nerve block.

A peer-to-peer discussion with Dr. was completed in September 2011. The “decompression” referenced is a technique of injecting larger amounts of local anesthetic to reportedly “free up” the nerves as the injection is delivered. Injection of the occipital nerves is planned. In this case it would appear that the majority of difficulties are radicular. Treatment notes through 2011 specifically document right arm paresthesias. Right arm numbness was again noted on 06/01/11. There is a positive Spurling’s, which is highly correlated with radiculopathy. The only finding in the occipital distribution is subjective tenderness. MRI studies were noted to reveal foraminal stenosis and even a component of central stenosis, which can cause the issue in question. The referring orthopedic surgeon recommended epidural steroid. The current plan is for occipital blocks for the tenderness. The denial letter states that occipital nerve blocks are considered under study by Official Disability Guidelines due to a lack of consensus regarding technique and a lack of convincing clinical trials. Noting that there is other objective demonstrated pathology in this case to explain the subjective complaints and given the lack of clear cut substantiation for occipital nerve blocks as evidenced in the evidence based guidelines, the guidelines are not satisfied for medical necessity for the proposed occipital nerve block via decompression.

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

This man is noted to have sustained an injury when he fell from a ladder onxx/xx/xx. He underwent an extensive course of physical therapy. An MRI of the brain revealed no evidence of acute injury. Cervical spine MRI on 07/01/11 revealed multilevel cervical spondylitic changes with varying degrees of spinal canal stenosis and foraminal narrowing. He has findings consistent with cervical radiculopathy on clinical examination including right upper extremity paresthesias and positive Spurling’s. It is noted that the referring orthopedic surgeon has recommended epidural steroid injection. Dr. notes that the proposed occipital block is requested for nerve entrapment headache not for a cluster headache or tension headache nor a common headache. The ODG considers occipital nerve blocks under study at this time. The reviewer finds there is not a medical necessity for Occipital Nerve Block via decompression-right. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)