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**Notice of Independent Review Decision**

**Date notice sent to all parties:**

September 26, 2013

**IRO CASE #:**

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

CPT code 64716 for neuroplasty of cranial nerves, 64711 transection or evulsion of cranial nerve, 64999 unlisted procedure, 21899 unlisted procedure of the neck.

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

Board Certified Plastic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

History and physical report dated 02/23/12  
History and physical report dated 01/07/13  
History and physical report dated 01/18/13  
History and physical report dated 01/25/13  
History and physical report dated 02/02/13  
Clinical report dated 07/29/13  
Clinical report dated 08/07/13  
Clinical report dated 08/20/13  
Clinical report dated 08/26/13  
Letter of medical necessity dated 08/23/13

List of specialists and treatment

Letter undated

Appeal letter dated 09/11/13

Request for a predetermination dated 08/27/13

Clinical literature

Handwritten procedure and treatment records dated 02/16/12 – 08/12/13

Determination letters dated 08/16/13 & 08/28/13

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who has been followed for a history of migraine headaches. The patient's headaches have been progressing as the patient aged. Medications have included Wellbutrin and Maxalt. The patient had previously trialed Nadolol; however, this was discontinued due to side effects. The patient was seen on 01/07/13 for progressive and severe headaches. The patient reported no significant benefits from Ketorolac. The patient was attending massage therapy; however, this was put on hold by a neurosurgeon. Physical examination demonstrated active trigger points in the upper trapezium as well as the splenius capitis. There was tightness of the sternocleidomastoid muscle to the left. The patient did receive trigger point injections at this visit and was started on Baclofen 5mg. The patient was also continued on Maxalt. Further trigger point injections were completed on 01/18/13 which provided some benefits. There were recommendations for chemodenervation procedures. The patient received sphenopalatine ganglion blocks on 02/02/13. There is a gap in clinical information in regards to doctor visits; however, the patient was noted to be receiving therapy for the TMJ through August of 2013. The patient was seen on 07/29/13 for complaints of recent return of severe headaches with associated vomiting. The patient did report weight loss. The patient reported stress as a potential trigger for headaches. The patient reported no significant improvements with Neurontin which was being tapered. The patient reported some benefits from the use of Klonopin, Flexeril, and Baclofen. It appears the patient did receive Botox injections without significant benefit. Physical examination at this visit demonstrated tenderness to palpation in the occipital ridge with radiating pain to the temple. There was tenderness over the zygomaticotemporal nerve. No tenderness was noted through the other trigeminal branches. There were concerns regarding occipital neuralgia and treatment discussions included injections of the occipital nerves as well as cervical nerve root injections. Other discussions regarding surgical decompression or an occipital nerve stimulator were noted. The patient was placed on Amrix at this visit and was instructed to discontinue muscle relaxers and Klonopin. The patient was recommended to continue with Maxalt for severe headaches. The patient was also prescribed Lyrica after being stabilized on Amrix. Follow up on 08/20/13 stated the patient was unable to tolerate Lyrica. The patient did report some benefits with Amrix. No change in headache frequency or severity was noted. There was discussion regarding occipital nerve decompression. The patient was seen on 08/26/13 for ongoing complaints of severe headaches both in the occipital region and at the temples. The patient reported no improvements with injection therapy. Physical examination was non-specific. The letter on 08/29/13 indicated the patient

has failed to respond to multiple medications and injections. The patient continues to have severe and persistent headaches that are impacting her quality of life. The patient was recommended for occipital nerve decompression to address her persistent headaches.

The requested occipital nerve decompression was denied by utilization review as the procedure was considered experimental, investigational, and unproven.

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

The patient has been followed for chronic migraine type headaches as well as occipital nerve headaches that have not improved with an extensive amount of conservative treatment. This has included multiple medications as well as multiple injections. The clinical literature discussing outcomes from occipital nerve decompression is limited. There are several case studies which show some efficacy of the procedure; however, this surgical procedure has not been fully established in the clinical literature as providing long term or even midterm relief of chronic persistent occipital neuralgia or headaches. In this case, the patient has had multiple injections; however, it is very unclear whether the patient has had any occipital nerve blocks or has considered other less invasive procedures in addressing her occipital neuralgia. Given the lack of efficacy established within the clinical literature and as there are no substantial randomized controlled trials showing benefits of this procedure as compared to other standard treatments for occipital neuralgia, it is this reviewer's opinion that medical necessity for the request is not established as this procedure is still considered experimental, investigational, and unproven.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

1. Garza I. Occipital neuralgia. Last reviewed June 2012. UpToDate Inc. Waltham, MA.
2. Biondi DM, Bajwa ZH. Cervicogenic headache. Last reviewed June 2012. UpToDate Inc. Waltham, MA.
3. Garza I, Schwedt TJ. Overview of chronic daily headache. Last reviewed June 2012. UpToDate Inc. Waltham, MA.