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Notice of Independent Review Decision

Date notice sent to all parties:

October 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEALL Greater Occipital Nerve Block

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

Board Certified Neurology

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a head injury with resultant headaches. The clinical note dated 06/17/13 indicates the patient having cognitive difficulty related to the head injury. The patient also related issues with his balance. The patient described a stabbing type pain in the head. The note indicates the patient attempting to practice self-care through relaxation as well as to maintain a regular schedule and rest. The note indicates the patient being recommended for ganglion blocks. The clinical note dated 03/06/14 indicates the patient utilizing Klonopin. The patient was also attempting to treat the ongoing headaches with acupuncture. The note also indicates the patient undergoing Magnesium infusions. The clinical note dated 08/29/14 indicates the patient complaining of intermittent tingling and numbness in the right 4th and 5th digits. The patient was recommended for

electrodiagnostic studies at that time. The clinical note dated 08/30/14 indicates the patient continuing with ongoing headaches. The patient also had complaints of paresthesia and was recommended for physical therapy to address those deficits. The note indicates the patient undergoing injections at that time.

The utilization reviews dated 09/17/14 and 10/07/14 resulted in denials for the use of occipital nerve blocks as no objective information was submitted confirming the patient's positive response to the previous occipital nerve blocks.

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

The documentation indicates the patient complaining of a long history of ongoing headaches following a head injury. There is an indication the patient had previously undergone a greater occipital nerve block. However, no objective data was submitted confirming a functional improvement, a reduction in pain manifested by a lower VAS score, or an increase in the patient's activity levels. Without this information in place, it is unclear if the patient would benefit from a right greater occipital nerve block. As such, it is the opinion of this reviewer that the request for a greater occipital nerve block is not recommended as medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Greater occipital nerve block, therapeutic

Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. (Bogduk, 2004) See also Greater occipital nerve block, diagnostic and the Head Chapter.