

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

October 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Occipital Nerve Block

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

This physician is a Board Certified Anesthesiologist with over 6 years of experience.

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 claimant is a male who was injured while working on xx/xx/xx.

09/14/2011: Office Visit. **Chief Complaint:** The patient is in today for a follow up and refill of the intrathecal pain pump. The patient is currently on Sufentanil at a rate of 23 mcg per day. The patient reports that he is doing well at his current rate of delivery. He is in today for refill with no new complaint. There are no changes being made in the medication or concentration. He is also scheduled to go forward with urine drug screen to demonstrate compliance. **Physical Examination:** C5 through T1 intact. L1 through S2 intact. **Assessment:** Headache, low back pain, right hip osteoarthritis. **Plan:** Refilled the pain pump, telemetry unit was placed over the pump reservoir volume determine to be 2.2cc. After prepping with Chlorascrub and draping. Aspiration revealed 2 cc of a clear fluid which was discarded. A syringe labeled Christopher Dubois containing Sufentanil 50 mcg. Bupivacaine 5 mg was utilized to refill his pump. 19cc was placed in the pump with 1 cc discarded. His rate was kept the same. The

telemetry unit was utilized for reprogramming of the pump at the current rate of delivery reflecting the new reservoir volume. He will be scheduled a follow up for his next refill. The patient is going forward with urine drug screen. We will review the quantitative results when they are available.

11/18/2011: Office Visit. **Chief Complaint:** The patient is in today for a follow up and refill of the intrathecal pain pump. The patient is currently on Sufentanil at a rate of 25 mcg per day. He reports more pain to the right inguinal region. He has injuries secondary to an assault he sustained while working as a law enforcement officer which area related to his back and his hip. He was referred. We have an MRI report showing edema in the superior acetabulum with subcortical degenerative changes suspected in the anterior superior acetabulum and labrum without a labral tear. He reports intermittent breakthrough pain to the right inguinal region. He is in today for refill of his pump and reevaluation. **Physical Examination:** C5 through T1 intact. L1 through S2 intact. Examination of the right hip reveals well preserved ROM and flexion and extension. On internal rotation he exhibits significant guarding due to pain. **Assessment:** Headache, low back pain, right hip pain. **Plan:** Refilled the pain pump, telemetry unit was placed over the pump reservoir volume determine to be 2.8 cc. After prepping with Chlorascrub and draping. Aspiration revealed 2 cc of a clear fluid which was discarded. A syringe containing Sufentanil 50 mcg. Bupivacaine 5 mg was utilized to refill his pump. 19cc was placed in the pump with 1 cc discarded. His rate was kept the same. The telemetry unit was utilized for reprogramming of the pump at the current rate of delivery reflecting the new reservoir volume. I advised him that we could pursue ultrasound guided injection of the right hip in a twofold attempt to diagnose definitively that his pain is in fact originating from the hip itself and not from his back as well as the potential of offering therapeutic relief with the steroid in the injection. We will submit this to workers comp and await their response. He will be scheduled a follow up for his next refill.

10/17/2012: Letter. is a gentleman who I have been seeing him for some pain in his back and leg. He also has a history of having chronic neck pain and headaches. His headaches have been quite severe recently. He has been tried on multiple medical therapy. Most recently he has been taking injectable headache medication still with persistent pain. Since his pain is more severe at this time he should be referred back to his neurologist for further evaluation of his worsening headaches. If there are any questions regarding this gentleman, please do not hesitate to call or write.

01/03/2013: Letter. is a gentleman who has been in our practice for many years. He has an indwelling intrathecal pain pump which he had placed several years ago which is maintaining his pain. He is on an adequate dose which controls his pain without affecting any of his cognition. He is also able to drive because his is not affecting his cognition. If there are any questions regarding this gentleman, please do not hesitate to call or write.

10/09/2013: Letter. is currently being treated for restless leg syndrome with Requip 0.5 mg at bedtime. has been utilizing this therapy according to his medical

records since October 4, 2010. As a result of his injury, he sustained nerve damage affecting the lower extremities according which resulted in symptoms consistent with restless leg syndrome. He has been doing well with Requip as currently prescribed without adverse effect. As it has been helpful for the restlessness of his legs nocturnally we do consider it both medically necessary and therapeutically beneficial for this patient to continue the medication.

10/24/2013: Office Visit. **Current Medications:** Requip Oral Tablet 0.5 MG Take 1 tablet at night for 30 days. Refills: no refills Rx quantity: 30 Lortab Oral tablet 10-500 MG. Take 1 tablet three times a day as needed. Refills: no refills Rx quantity: 90 **Subjective:** The patient is in today for follow-up and refill of his intrathecal pain pump. He is currently on Sufentanil at a 30 pg per day. He continues to report benefit with his intrathecal Sufentanil and oral hydrocodone for breakthrough pain. He is not experiencing any adverse effects and the combination of his medications. He continues to accomplish all of his activities of daily living. He did demonstrate compliance on is last urinalysis. **Objective:** C5-T1 intact in both upper extremities. L1-S2 intact in both lower extremities. **Assessment:** Chronic low back pain/lumbar fusion. Right hip pain/osteoarthritis. Headache. **Plan:** Refill of intrathecal pain pump. The telemetry unit was utilized to determine the reservoir volume which was 6.9 mL. The skin was prepped with chlorascrub and the needle was introduced into the intrathecal pain pump port. Aspiration was performed with 7 ml obtained. A syringe labeled with the patient's name containing Sufentanil 50 pg per cc, clonidine 444 pg per cc, and bupivacaine 5 mg per cc was utilized to refill the pain pump. 19 cc was placed in the pump with 1 cc discarded. The pump was reprogrammed with the telemetry unit. The patient will be scheduled to follow-up of the next refill.

03/25/2014: Letter. This is a gentleman who has history of chronic pain in his lower back region and pain in his lower extremity also, he has restless leg syndrome especially at nighttime. We have tried him on other medical therapy still with persistent pain. He most recently has been tried on Requip 0.5 mg at bedtime which has helped him significantly. For that reason, it is medically necessary for him to continue with his medication.

07/01/2014: Office Visit. **Subjective:** The patient is on today for follow-up and reevaluation. He did undergo refill of his intrathecal pain pump yesterday. He did awaken early this a.m. with symptoms consistent with withdrawal. He has been having intractable vomiting. He did go to the emergency room to diet and he was referred over to our office. He does report that his symptoms include increased pain as well as anxiety/nausea/vomiting. He is currently receiving Sufentanil at a 34 pg per day. He is in today for refill of his intrathecal pain pump. **Objective:** C5-T1 intact in both upper extremities. L1-S2 intact in both lower extremities. **Assessment:** headache, chronic low back pain/lumbar fusion, right hip pain, acute narcotic withdrawal. **Plan:** Refill of intrathecal pain pump. The telemetry unit was utilized to determine the reservoir volume which was 18.7 mL. The skin was prepped with chlorascrub and the needle was introduced into the intrathecal pain pump port under ultrasound guidance. Aspiration was performed with 18.5 ml obtained. A syringe labeled with the patients name containing sufentanil 50 pg per

cc, clonidine 444 pg per cc, and bupivacaine 5 mg per cc was utilized to refill the pain pump. 19cc was placed in the pump with 1 cc discarded. A 4 pg bolus doses programmed in over the next hour. The pump was reprogrammed with the telemetry unit. We will keep the patient for an hour to determine his response. The patient will be scheduled to follow-up for the next refill. Addendum: The patient was reevaluated 45 min. later. He did report that his pain relief was improving. He is no longer experiencing the nausea and has not vomited. He is going to be released to go home with his wife.

07/22/2014: Letter. is a gentleman I have been seeing for a significant period of time for pain in his neck and pain in his lower back region. He has an intrathecal pump which controls most of his pain. He recently has been having significant headaches. He has had occipital nerve blocks in the past and he wants to get those approved again. For that reason we will try to obtain authorization of occipital nerve blocks.

08/05/2014: Office Visit. **Chief complaint:** The patient is in today for a follow-up from the last visit. He has history of back pain, neck pain and headaches. He is here today to get his occipital nerve block done. He has no other complaints today. **Physical Examination:** Motor and sensory exams intact in the upper and lower extremities. **Plan:** We will proceed with occipital nerve blocks. Approximately 1.5 cc of 0.25% Marcaine was mixed with 20 mg Kenalog. Approximately 1 cc was injected at each occipital area. There was no complications with the procedure. He is to follow up with us on his next refill date.

08/13/2014: Letter. is a gentleman we have had in our office for quite some time now who injured his neck and lower back region. We have been maintaining his pain with an intrathecal pain pump as well as some oral medications. On occasion this gentleman has severe headaches consistent with occipital nerve neuralgia from his injuries he has had in the past. On occasion he does require occipital nerve block which has helped him significantly with his pain. For that reason, these are medically necessary to do on occasion as needed for his headaches.

08/19/2014: UR. **Rationale:** This claimant was injured on xx/xx/xx. Review noted claimant who sustained a work related injury on xx/xx/xx. There was a cervical syndrome. Letter of Medical Necessity 08/13/14: pain has been maintained with an intrathecal pain pump and oral medication. Claimant has severe headaches consistent with occipital nerve neuralgia. He does require occipital nerve block, which has helped him significantly with his pain on occasion Letter of Office Visit 8/5/14 noted Occipital nerve block was administered. The request is for an Outpatient Occipital Nerve block. As it appears a block was approved on 8/5/14, there is not sufficient documentation or rational for an outpatient Occipital nerve block; thus, the request is not approved.

09/18/2014: UR. **Rationale for Denial:** There is persistent back and neck pain and headache. Numerous modalities have been utilized including a lumbar laminectomy at L4-5. An intrathecal catheter and implanted pump system is in place, delivering intrathecal morphine. Oral medications are prescribed also.

Periodically he has had greater occipital nerve blocks; the last one was on 08/05/14. I spoke 9/16/14, 2:20 pm, for a peer-to-peer. He stated that the patient achieves two to three (2-3) months of excellent pain relief, from each greater occipital nerve block. The claimant is still experiencing pain relief from the procedure, but the claimant requested preauthorization for a greater occipital nerve block "in case he needs it." Recommendation: Non-authorize the requested procedure. ODG states that the literature is sparse regarding efficacy of greater occipital nerve blocks and that relief may occur but is primarily short-term. This individual has achieved some relief from the relief from the procedure, so depending on the duration of relief, repeating the procedure may be reasonable, it is not reasonable at this time, since the pain has not recurred.

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

The previous adverse determinations are upheld. This request for repeat occipital nerve block is non-certified. Claimant reports persistent back and neck pain and headache. Numerous treatment modalities have been utilized including a lumbar laminectomy at L4-5. Additionally, claimant has an intrathecal catheter and pump in place for the delivery of intrathecal morphine. Claimant is taking oral medications as well. A series of greater occipital nerve blocks have been performed, the last on 08/05/14. Claimant continues to receive pain relief from this last procedure. Per ODG, literature is sparse regarding efficacy of greater occipital nerve blocks and states that relief may occur but is primarily short-term. This individual has achieved some relief from the relief from the procedure; so depending on the duration of relief, repeating the procedure may be reasonable, it is not reasonable at this time, since the pain has not recurred. Therefore, Outpatient Occipital Nerve Block is not medically necessary at this time and should be denied.

Per ODG:

Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. ([Ashkenazi, 2005](#)) ([Inan, 2001](#)) ([Vincent, 1998](#)) ([Afridi, 2006](#)) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. ([Leinisch, 2005](#)) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. ([Bovim, 1992](#)) See also the Neck Chapter: [Cervicogenic headache, facet joint neurotomy; Greater occipital nerve block, diagnostic; & Greater occipital nerve block, therapeutic.](#)

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

- ACOEM- AMERICAN 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)**