

**DATE: 08/21/14**

Notice of Independent Review

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES: 08/21/14**

**IRO CASE #:**

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

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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

Left C6-C7 transforaminal epidural steroid injection and occipital nerve block

**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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	62311 64405		Prosp. Prosp.				Xx/xx/xx Xx/xx/xx		Upheld Upheld

**PATIENT CLINICAL HISTORY (SUMMARY):**

This male sustained a work-related injury on xx/xx/xx. Physical therapy, transcutaneous electrical nerve stimulation unit, and injections have been provided. A cervical peripheral nerve root block at C2 and C3 was performed on 03/12/13 and repeated on 04/02/13. A note on 03/18/13 states that phone communication revealed 50% pain relief from the procedure for three days. An MRI scan on 09/15/11 showed left C2-C3 facet fusion. At a recent office visit there was noted tenderness in the cervical area, but no motor weakness was documented. On appeal, there is a note stating that pain relief occurred from previous occipital nerve blocks. The date stated does not correspond to the procedure note in the medical records presented.

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

Medical necessity has not been demonstrated for the left C6-C7 transforaminal epidural steroid injection and occipital nerve block.

Official Disability Guidelines require evidence of radiculopathy to authorize a cervical epidural steroid injection. There is no documentation of cervical radiculopathy. ODG criteria are not met for that procedure.

ODG does not endorse greater occipital nerve block, and on physical examination there is no evidence of greater occipital neuropathy. There is no indication that this procedure was performed previously. Peer-reviewed literature does not support this procedure.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)