

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/08/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** bilateral occipital nerve block with ultrasound guidance

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is this reviewer's opinion that medical necessity is not established for the requested bilateral occipital nerve block with ultrasound guidance

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx. The patient slipped and fell and had been followed for complaints of both neck and low back pain. The patient has undergone an extensive amount of treatment to include multiple surgeries for the back and shoulder. The patient is noted to have a spinal cord stimulator in place and completed a tertiary chronic pain program in March of 2014. As of 04/28/14, the patient was still being followed with complaints of worsening low back pain which had been recently exacerbated due to a trip. The patient's pain scores ranged between 3 and 10/10 in severity. Multiple medications were noted to include topical Lidoderm and narcotic analgesics. As of 06/24/14, the patient has had complaints of continuing low back and posterior neck pain with associated weakness, spasms, numbness, swelling, and headaches. The patient's physical examination was within normal limits and was limited. The patient was scheduled for occipital nerve blocks with ultrasound guidance and was pending a spinal cord stimulator replacement. The patient was seen on 06/30/14 for left knee complaints.

The requested bilateral occipital nerve blocks with ultrasound guidance and anesthesia was denied by utilization review on 07/03/14 as there were limited physical examination findings as of 06/24/14 and there was limited evidence in the literature regarding the efficacy of bilateral occipital nerve blocks.

The request was again denied by utilization review on 07/23/14 as there was limited evidence regarding the procedures efficacy in the treatment of occipital type symptoms.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for an extensive history of chronic neck and low back pain with multiple surgical procedures

completed. The patient has been provided tertiary levels of pain management with continuing symptomology. The most recent evaluation from 06/24/14 noted no specific findings on physical examination. This was a limited physical examination and there were no further evaluations following this date of service establishing objective evidence regarding occipital neuralgia that would reasonably benefit from occipital nerve blocks. Given that the efficacy of occipital nerve blocks in the long term is not well-supported by the clinical literature and there are no updated findings for this patient to support the request, it is this reviewer's opinion that medical necessity is not established for the requested bilateral occipital nerve block with ultrasound guidance and the prior denials are 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)