



DATE OF REVIEW: 08/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is right psoas block with fluoroscopy and 4-6 trigger point injections.

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

The reviewing doctor is a medical physician who is board certified in Anesthesia and Pain Management and has greater than 15 years of experience in this field.

REVIEW OUTCOME

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

- | | | |
|-------------------------------------|---------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Upheld | (Agree) |
| <input type="checkbox"/> | Overtured | (Disagree) |
| <input type="checkbox"/> | Partially Overtured | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: carrier, URA, Dr. and Dr.

These records consist of the following: chest radiographic report, 5/29/07 operative report, Dr. progress, operative and supporting documents from 10/14/05 to 6/26/07, lumbar CT 3/22/07, lumbar MRI 11/15/05 and 4/12/07, multiple preauthorization request forms, TWCC 73 forms (multiple), E1, notes from Dr. 3/29/07 to XXXX, operative report 10/27/05 to 12/7/06, DD report by MD, PT notes by, review by, MD (undated).

PATIENT CLINICAL HISTORY [SUMMARY]:

This woman was injured on xx/xx/xx. She has had a microdiscectomy and L5/S1 laminotomies. Previous trigger point injections using Toradol have also been administered. There is no post-operative imaging.

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

In the ODG there is no documentation of any recommendation for the requested services. The ACOEM guidelines indicated 'needle acupuncture and injection

procedures, such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms.

In terms of efficacy for chronic lower back pain, Nelms (Nelemans PJ et al Injection Therapy for Subacute and Chronic Benign Low Back Pain. In: The Cochrane Library, Issue 3, 2002, Oxford) notes no significant difference between local injections (local anaesthetic and corticosteroids) and placebo in short term pain relief in patients. There are no studies supporting their use post operatively. The reviewer could not locate papers that address the use of Toradol as an agent for trigger point therapy.

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 KNOWLEDGBASE**
- 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) Nelemans PJ et al Injection Therapy for Subacute and Chronic Benign Low Back Pain. In: The Cochrane Library, Issue 3, 2002, Oxford**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**