



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 07/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A series of trigger point injections to the lumbar spine

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An EMG/NCV study interpreted by, D.O. dated 03/19/07
A preauthorization request form from Dr. dated 03/23/07
A letter of non-certification from, M.D. at dated 03/28/07
Letters of medical necessity from Dr. dated 04/02/07 and 04/30/07
A letter from Dr. dated 04/16/07
A letter of non-certification from, M.D. at dated 04/19/07
A letter of non-certification from, M.D. at dated 05/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An EMG/NCV study interpreted by Dr. on xx/xx/xx was essentially normal and Dr. recommended a Functional Capacity Evaluation (FCE), trigger point injections, and continued Zanaflex. On 03/23/07, Dr. requested trigger point injections. On 03/28/07, Dr. wrote a letter of non-certification for trigger point injections. On 04/02/07 and 04/30/07, Dr. wrote letters of medical necessity for the trigger point injections. On 04/16/07, Dr. recommended light work duty and a trial of trigger point injections. On 04/19/07, Dr. wrote a letter of non-certification for trigger point injections. On 05/30/07, Dr. also wrote a letter of non-certification for trigger point injections.

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

There is little convincing evidence as to the efficacy of trigger point injections. In fact, the ODG did not recommend trigger point injections in general for the treatment of lumbar pain. In this patient, I see no reason for or evidence to suggest that injections would help this patient in the long term or change the natural history of the disease or decreasing the amount of medications they are on, or getting them back to work, or increasing their work activities. Therefore, the requested series of trigger point injections to the lumbar spine would not be reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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)