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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral multiple trigger point injections for diagnostic myofascial mapping to multifidus, bilateral L1 through L5 (20552 & 95870)

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

☒Upheld (Agree)

Medical documentation **does not support** the medical necessity of Bilateral multiple trigger point injections for diagnostic myofascial mapping to multifidus, bilateral L1 through L5 (20552 & 95870)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Department of Insurance:

- Utilization reviews (03/12/08 – 03/31/08)

Pain Recovery:

- Utilization reviews (03/12/08 – 03/31/08)
- Office visits (10/02/07 – 03/04/08)
- Diagnostic studies (02/12/07 – 05/04/07)

ODG criteria are utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male, who was sitting in the back seat of an armored car when the seat became unscrewed. The patient fell backwards, striking his back on a metallic object. Since then, the patient is experiencing pain in his mid and lower back region.

X-rays of the lumbar spine revealed degenerative changes at L5-S1. Magnetic resonance imaging (MRI) of the thoracic spine and lumbar spine were essentially unremarkable.

In October 2007, M.D., a pain management physician, noted the following history: *Following the injury, the patient underwent a fairly rigid course of physical therapy (PT) followed by six weeks of work conditioning program (WCP). However, he continued to have severe pain and was unable to get back to work. Active PT did not help much, but passive modalities tried by his primary care physician seemed to help a little bit. He was utilizing Tylenol #3, Skelaxin, and naproxen with minimal effect.* The patient reported severe muscle spasms in his back associated with left leg give way weakness. On examination, there was broad-based antalgic gait, severe muscle spasm affecting the paraspinal muscles more to the left than right from T8 through L5 and tenderness and guarding over the musculospastic areas with scattered trigger points and taut bands. Range of motion (ROM) was restricted. Dr. assessed musculoskeletal pain with an extreme likelihood of facet syndrome worse on the left than the right. He administered diagnostic medial branch block on the left, which provided significant improvement and therefore a radiofrequency lesioning was recommended. However, it was denied. The patient continued to have severe muscle spasm affecting the multifidus muscles bilaterally. Facetal provocative signs were strongly positive, especially on the left. Dr. suggested repeat medial branch block followed by radiofrequency lesioning and prescribed Lunesta, Ultram ER, and Zanaflex.

On March 4, 2008, Dr. noted the patient was not very motivated towards having any form of radiofrequency lesioning. He discussed the option of diagnostic Botox injections for the muscle spasms, which the patient accepted. Dr. requested diagnostic multifidus injection using electromyography (EMG) guidance to determine whether the patient would be a suitable candidate for botulinum toxin injection and also recommended pain management program after the injection.

On March 12, 2008, request for the myofascial mapping of the lumbar area was denied by, M.D., with the following rationale: "*ODG does not have criteria for myofascial mapping per se; however, indirectly, the reason for the mapping is a desire to use it to inject with Botox or trigger point injections (TPIs) according to the notes. ODG states regarding Botox injection for pain: There is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. Therefore, the mapping is not necessary."*

On March 31, 2008, an appeal for the above request was denied by, D.O., with following rationale: "*The requested myofascial mapping of lumbar spine is not medically indicated because this technique is not scientifically proven to the any more beneficial than manual palpatory diagnosis of trigger points.*"

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

PATIENT WITH LOW BACK PAIN; MYOFASCIAL SYMPTOMS; WHO HAS MUSCULAR PAIN. ODG STATES BOTOX IN PARAVERTEBRAL AREA IS "UNDER STUDY".

THERE IS NO MEDICAL SUPPORT FOR EMG GUIDANCE, MAPPING, OR PRE-BOTOX TRIGGER POINT INJECTIONS, OR MORE THAN ONE BOTOX INJECTION TO THE PARAVERTEBRAL AREA. THEREFORE, THE TRIGGER POINT INJECTIONS FOR MAPPING DO NOT MEET CRITERIA OF MEDICAL NECESSITY IN THIS CASE.

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

☒ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**