



# INDEPENDENT REVIEW INCORPORATED

## Notice of Independent Review Decision

**DATE OF REVIEW:** 03/27/08

**IRO CASE #:**

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

Outpatient trigger point injections of bilateral lumbar paraspinal muscles.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Anesthesiology and board certified in Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial 01/25/08 & 02/15/08, and criteria for denial (ODG)
3. Diagnostics
  - X-ray reports 09/24/04, 05/05/05, 07/25/07 & 07/27/07
  - MRI 05/06/05 & 10/17/06
  - CT scan 09/15/06
  - FCA 04/19/05
4. Evaluations
  - Notice of injury xx/xx/xx
  - RME 03/22/05, 04/19/05
  - Correspondence 05/10/05
  - MMI Evaluation 12/12/05
  - RME 08/14/06, 01/23/07, 07/18/07, 02/18/08, 02/26/08, 02/28/08
5. Consultations, progress notes & TWCC Reports 09/24/04 – 01/25/08

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
307.89	?Code		Prosp.						Overturn
311	?Code		Prosp.						Overturn
722.10	?Code		Prosp.						Overturn

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee is an approximately xx-year-old caucasian female who was working as a xxxx approximately two years at the time of her injury. She stated that on xx/xx/xx she was carrying a 35-pound pepper fogger from one unit to another for a distance of approximately 400 yards. She experienced discomfort in the low back and stopped and shifted the fogger to the

other shoulder and continued on to her destination. She noted stiffness in her back and was seen by the medical unit at the prison who felt she had a lumbosacral sprain and recommended bed rest and heat. She rested over the weekend but was noted to have further pain. She continued working at light duty and did better but was seen sometime later with

worsening pain and went on to be evaluated with the MRI scan and went on to have multiple interventional injections as well as a lumbar laminectomy. At this time she apparently has continued back pain, and a request is made for trigger point injections in the lumbar area.

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

In the initial review, as well as another review, the opinion was that the claimant was injured in xxxx, and trigger point injections would not be helpful. Regarding the ODG TWC Guidelines, they cite that trigger points are not recommended, mostly because the effectiveness is uncertain due to the difficulty of demonstrating advantages of active medication over injections and saline. Needling alone is likely responsive for some of the therapeutic response. The only indication with some positive data was myofascial pain, and it was thought that it might be appropriate when trigger points are present on examination. At the time of the initial review, there was no material to suggest myofascial trigger points in the material provided. There is a note, however, in this review that states that trigger points are present on examination, and they do elicit a twitch response, which would be adequate to say that trigger points might be helpful.

While it is not specifically stated as a treatment in dispute for the purposes of this independent review, it should be noted that the records reviewed indicate that the treating doctor has requested the use of fluoroscopy with MAC sedation. This should not be necessary for the injection of trigger points, as fluoroscopy will not demonstrate any of the trigger points, as they are not visible. They must be palpated and injected. This is a procedure that can be done easily in the office without sedation and without fluoroscopy, and this does not provide the patient with any additional adverse risk. In fact, the fluoroscopy may increase the risk due to exposure to radiation. Therefore, I would recommend authorization for trigger point injection in the lumbar area; but, I do not recommend the use of fluoroscopy for this procedure.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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-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 national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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