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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/31/08

**IRO CASE #:**

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

Trigger point injections in the low back and post injection physical therapy twice a week for three weeks

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

### **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.

Trigger point injections in the low back and post injection physical therapy twice a week for three weeks – Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the lumbar spine dated 05/05/08 and interpreted by , M.D.  
Evaluations with , M.D. dated 06/11/08, 08/08/08, 09/24/08, and 11/04/08  
An undated letter of medical necessity for trigger point injections from , M.D.  
Notifications of Adverse Determinations from dated 11/13/08 and 12/05/08

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was allegedly injured at work in approximately xx/xx. According to the initial evaluation by Dr. on 06/11/08, the patient was sitting in a chair when he leaned to his right side, allegedly injuring his back with the onset of pain, approximately three months previously. The patient's complaint was of low back pain only. Physical examination documented moderately decreased non-specific range of motion of the lumbar spine in all directions, moderate non-specific tenderness throughout the lumbar, lumbosacral, and gluteal area, tenderness over the vertebral spinous processes, a negative straight leg raising test, and tenderness over the sacroiliac joint. Dr. recommended bilateral lumbar medial branch blocks and lumbar paravertebral trigger point injections. On 08/08/08, Dr. followed-up with the patient, now documenting a complaint of low back pain with "radiation to right leg." However, in the history of the illness, Dr. stated the patient had "no radiation to legs." Dr. noted the patient had undergone trigger point injections on 06/17/08 and six levels of right medial branch blocks (L1 through S1) on 07/11/08. On 09/24/08, six weeks later, Dr. documented the patient's complaint of lumbar pain now radiating to both legs. He noted that the patient had undergone trigger point injections on 08/13/08. On 11/04/08, Dr. followed-up with the patient, noting his pain level of 9/10. He noted the patient had undergone the previously documented trigger point injections on 06/17/08 and 08/13/08, as well as the previously documented six level right medial branch blocks on 07/11/08. Physical examination documented normal sensation, strength, and reflexes. Dr. recommended medial branch blocks and more trigger point injections.

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

This patient has no physical examination evidence of true myofascial trigger points as defined in medical literature. Specifically, the "gold standard" textbook regarding myofascial pain and trigger points, written by Travell & Simons, clearly documents the necessary criteria on physical examination to support a diagnosis of myofascial pain and the presence of trigger points. In this case, none of those criteria is documented whatsoever by Dr. in any of the physical examinations he has performed. Additionally, although this patient has allegedly undergone two previous sets of lumbar paravertebral trigger points, no documentation was provided regarding those procedures nor whether there was any examination evidence of true trigger points or clinical response to the alleged trigger point

injections in either of those instances. Therefore, there is no valid diagnosis of myofascial pain, no true valid physical examination of true trigger points as defined by medical literature and no documentation regarding whether, in fact, true trigger point injections were actually performed or what benefit, if any, occurred. In this case, therefore, there is no medical reason or necessity for the requested trigger point injections and physical therapy. This patient does not meet any of the criteria established by either national medical standards or ODG treatment guidelines regarding trigger point injections. Finally, although Dr. , in a "letter of medical necessity for trigger point injections," states that the injections are "required to decrease the morbidity secondary to the disease process" and that "imaging studies and other diagnostic studies support the provisional diagnosis," there is, in fact, no "disease process" present to justify trigger point injections nor to any "imaging studies and other diagnostic studies" demonstrate any findings whatsoever to support a "provisional diagnosis" of trigger point pain. In fact, imaging studies are completely unable to demonstrate any findings of myofascial pain or trigger points and, in fact, are never even indicated or performed for that purpose. For all of the above reasons, therefore, the requested trigger point injections in the low back and post injection physical therapy twice a week for three weeks is not reasonable or necessary and the previous adverse determinations are upheld.

**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 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)**