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Notice of Independent Review Decision

DATE OF REVIEW: June 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In office intraspinal and supraspinal ligament injections at C6-7 and C7-T1 and 4-6 trigger point injections to include CPT codes 20550, 77003, 99070AS, 99070ST, and 99144.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Provider include:

- Hospital, 10/01/07
- , 03/19/08, 05/15/08
- , 05/15/08, 06/03/08, 06/10/08
- , 05/23/08, 06/11/08

Medical records from the Carrier include:

- Hospital, 10/01/07
- M.D., 12/19/07
- M.D., 01/16/08
- , 02/18/08
- , M.D., 03/25/08, 06/10/08
- , 04/18/08, 05/15/08, 05/19/08, 06/03/08
- , 05/19/08, 05/23/08, 06/03/08, 06/10/08, 06/11/08, 06/16/08

PATIENT CLINICAL HISTORY:

This is a xx-year-old female who sustained a work related injury on xx/xx/xx, involving the cervical spine secondary to a fall. The current diagnosis is cervical myofascial pain syndrome. The patient has current complaints of muscle spasms and tenderness over the supraspinous/intraspinous ligaments at levels C6-7 and C7-T1, as well as specific areas of reproducible trigger point tenderness noted over trapezius, levator, splenis capitis, and splenis cervicis. These symptoms have occurred for more than three months despite conservative treatment consisting of medication management to include Tylenol, Lyrica, Ultracet, and Celebrex, as well as a home stretching/exercise program.

Reportedly, trigger point injections performed in the past (date not specified) resulted in approximately 50%-60% pain relief for one to two weeks. The patient in addition completed six visits of a rehabilitation program. This patient continues to be gainfully employed despite the above pain issues.

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

After a review of the information submitted, the previous denial for the above recommended procedure has been overturned. It is the recommendation of this reviewer that the in-office intraspinal/supraspinous ligament injections at the C6-7 and C7-T1 levels, as well as four to six trigger point injections, to the above documented musculature be certified. Trigger point injections have been efficacious in the past.

In addition, the Official Disability Guidelines state that trigger point injections may be appropriate when myofascial trigger points are present on clinical examination, which has been documented as stated above. The above recommended procedure is likely to produce substantial sustained pain relief. The guidelines references used are the Official Disability Guidelines, Treatment Index, 5th Edition, 2008 (Webb), under Back – Trigger Point Injections.

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)**