



Notice of Independent Review Decision

DATE OF REVIEW: 3/7/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for facet joint injections at L4-5 and L5-S1, with fluoroscopy and 4-6 trigger point injections.

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

Texas licensed anesthesiologist/pain management physician.

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.

The previously denied request for facet joint injections at L4-5 and L5-S1, with fluoroscopy and 4-6 trigger point injections.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review dated 2/15/08.
- Request for a Review by an Independent Review Organization dated 2/13/08.

- Notice to CompPartners, Inc. of Case Assignment dated 2/19/08.
- Review Letter dated 2/20/08.
- Notice to Utilization Review Agent of Assignment dated 2/19/08.
- Authorization Request dated 2/6/08, 1/28/08.
- Pre-Authorization Request (unspecified date).
- Follow-Up Examination Letter dated 1/22/08.
- Peer Review Report dated 2/4/08, 1/24/08.

No Guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Not provided for this review.

Diagnosis: Myofascial pain syndrome and degenerative disk disease.

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

The claimant is a xx-year-old male who sustained a work-related injury on xx/xx/xx involving his lumbar spine. Of note, this injury is almost 8 years old. From the information submitted for review, it appeared this claimant had undergone extensive diagnostic and therapy intervention for working diagnosis of myofascial pain syndrome and degenerative disk disease. Reportedly, he underwent lumbar facet joint blocks in May 2002 and median branch block in February 2006. Trigger point injections were performed in January and December 2006. Reportedly, there was no further mention of these injections has made by the claimant. Additional procedures performed included Psoas blocks and intradiscal electrothermal therapy (IDET) procedure. In addition, per the note submitted for review, there was no mention with the previous facet joint injections, percentage of decrease in pain, if there was a decrease in medication intake, or an increase in function. Objective findings from a physical examination report dated January 22, 2008, revealed tenderness over the lower facet joints and facet loading reproduced pain symptoms. The claimant also had specific areas of reproducible trigger point tenderness. Finally, reportedly, an Independent Medical Examination (IME) (date not specified) stated that no further treatment was necessary for this claimant. This was reported by one of the Utilization Review Determinations. After reviewing the information submitted, the opinion of this reviewer is that the previous non-authorization for lumbar facet joint injections and trigger point injections be upheld. The requesting provider has not provided the medical necessity for the recommended procedure. Based on the information available to the reviewer, the claimant does not appear to have a reasonable suspicion for lumbar facet joint pain.

There were no radiographic imaging studies submitted revealing facet joint hypertrophy or other facet problems. There was mention made of myofascial pain

in the letter correspondence by the requesting provider. This claimant appeared to have myofascial pain as stated by Dr. and this appeared to be the reason that the claimant's low back was hurting. In addition, there was no substantial sustained pain relief documented with previous facet joint injections performed in the past. The request for trigger point injections as well, are not certified secondary to the fact that the Official Disability Guidelines state trigger point injections are invasive and recommended in the treatment of patients with acute low back problems. The effectiveness of trigger point injection is uncertain in part due to the difficulty demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. It appears that this claimant had this in the past with no substantial sustained pain relief documented.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
 1. Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007 under Low Back-Intra-Articular Facet Blocks.
 2. Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, under Low Back-Trigger Point Injections.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).