

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One visit of 4-6 trigger point injections, codes 20550, 99144, 99070.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

Adverse Determination Letters, 3/5/08, 3/12/08
ODG, Trigger Point Injections
MD, 2/28/08, 9/27/07, 6/19/07, 3/27/07, 2/13/07, 8/15/06, 4/13/06, 1/17/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job. Per the office visit dated 02/28/08, the patient complains of lower back and gluteal region pain. Per the physical exam, the patient has “reproducible trigger point tenderness noted to the quadratus lumborum, gluteus maximus, and gluteus medius.” There is no mention as to what side this tenderness is located (right, left or bilaterally). Based on this physical exam, the recommendation was for trigger point injections. The patient

has received trigger point injections in the past that have provided the patient with 60-70% relief for approximately three weeks.

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

Per the *Official Disability Guidelines*, repeat trigger point injections should not be performed “unless greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement.” Per the notes that I have received, the patient received significant pain relief (60-70%) but only received this pain relief for approximately three weeks. In addition, the CPT code recommended by the requesting physician for the trigger point injections is 20550 which is defined in the CPT 2008 book as “injection of single tendon sheath or ligament, aponeurosis.” Therefore, the coding does not match the request for a trigger point injection. In addition, there is no documentation, which the *Official Disability Guidelines* requires, of “circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.” Therefore, given these situations, the reviewer finds that one visit of 4-6 trigger point injections, codes 20550, 99144, 99070 is not medically necessary.

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)