



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/2/2008

**IRO CASE #:**

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

Right PSOAS block under fluoroscopy guidance

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

Certified by the American Board of Anesthesiology  
Anesthesiology – General  
Pain Medicine – Subspecialty

### **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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	719.46	64640	Upheld

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

Correspondence and documentation throughout the appeal process, including first and second level decision letters, pre-authorization request, and request for review by an independent review organization

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Medical notes dated 10/13/03, 11/24/03, 1/5/04, 2/11/04, 3/24/04, 5/4/04, 5/7/04, 6/15/04, 7/27/04, 8/7/04, 10/19/04, 12/2/04, 1/13/05, 2/24/05, 4/7/05, 5/19/05, 6/29/05, 7/15/05, 8/8/05, 9/28/05, 11/3/05, 12/15/08, 1/26/06, 3/9/06, 4/20/06, 6/1/06, 7/13/06, 8/24/06, 10/5/06, 11/16/06, 12/28/06, 3/1/07, 4/12/07, 5/24/07, 7/19/07, 8/9/07, 9/20/07, 11/1/07, 11/30/07, 1/24/08, 2/12/08, 2/20/08, 3/5/08, 4/9/08, 5/22/08, 7/3/08, 8/7/08, & 9/18/08

Work status reports

Letter dated 10/24/08

X-ray report right knee dated 9/16/00

X-ray reports thoracic & lumbar spine dated 4/2/01 & 5/14/01

Operative reports & notes from 2/2/04, 2/11/04, 12/2/04, 6/28/06, & 2/6/08

Official Disability Guidelines cited but not provided

### **PATIENT CLINICAL HISTORY:**

This patient has a history of traumatic right femur fracture suffered during a fall at work in xxxx. He has chronic right lower extremity pain. His pain is currently treated with an intrathecal pump that delivers 1.7 mg of morphine sulfate/day and an implanted spinal cord stimulator.

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

Per review of the Official Disability Guidelines, the Reviewer supports the denial for the requested procedure, a right psoas block under fluoroscopic guidance (psoas plexus compartment block).

According to the documentation provided, the patient has had previous "psoas plexus compartment" blocks with greater than 1 year of symptomatic improvement. The most recent progress note, dated September 18, 2008, indicates that the patient's "pain is identical to pain that is normally identified with iliopsoas muscle dysfunction" and that "he has specific areas of active and reproducible trigger point tenderness noted to the lumbar paraspinal muscles" consistent with myofascial pain.

The Reviewer noted that unidentified iliopsoas and/or quadratus lumborum trigger points are frequently responsible for a failed low back postsurgical syndrome. The referred pain from myofascial trigger points in the psoas major muscle extends along the spine ipsilaterally from the thoracic region to the sacroiliac area, and sometimes to the upper buttock. Patients who have unilateral iliopsoas trigger points primarily complain of low back pain.

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The requested procedure, psoas plexus compartment block (lumbar paravertebral block) is mainly indicated for the management of pain associated with unilateral lower limb surgery. "Psoas compartment block consistently blocks the femoral, lateral femoral cutaneous, and obturator nerves (the true '3-in-1' block). • It provides excellent postoperative analgesia after major hip and knee surgery. Psoas compartment block (PCB) is a peripheral regional anesthetic technique that blocks the main components of the lumbar plexus, namely the femoral, lateral femoral cutaneous (LFC), and obturator nerves as they run within the psoas major muscle. The psoas compartment block is also known as the posterior lumbar plexus block." (NYSORA)

If the diagnosis of psoas myofascial pain is present, then it would be appropriate to perform a psoas trigger point injection with fluoroscopy to confirm needle placement within the psoas muscle from a posterior approach (similar to the approach for a lumbar sympathetic block). However there is no indication to perform a psoas plexus compartment block in an individual with myofascial iliopsoas dysfunction, such as this patient.

The following is the OOG for trigger point injections:

Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. See Myofascial pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford. 2004) (Nelemans-Cochrane, 2002) See also the Low Back Chapter. For fibromyalgia syndrome, the trigger point injections have not been proven effective. (Goldenberg, 2004)

Criteria for the use of Trigger point injections:

Trigger point Injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the

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following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than, 3-4 injections per session; (6) No repeat injections unless a 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without or without steroid are not recommended. (Colorado,2002) (BlueCross BlueShield, 2004)

References: Myofascial Pain and Dysfunction: The Trigger Point Manual. Travell, J. and Simons, D. 1993.

**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

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- 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)**