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DATE OF REVIEW: 11/10/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4-6 Right Trigger point injection

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

This case was reviewed by a Texas licensed MD, specializing in Psychiatry. The physician advisor has the following additional qualifications, if applicable:

ABMS Psychiatry and Neurology: Pain Medicine, Psychiatry and Neurology: Psychiatry, Psychiatry & Neurology: Forensic Psychiatry, Psychiatry & Neurology: Addiction Psychiatry

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
4-6 Right Trigger point injection	20550	-	Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male with the diagnoses of complex fracture of the right hip, right knee, neurological deficits of the femoral cutaneous nerve, possible femoral nerve and chronic pain syndrome and myofascial pain. The claimant is on an intrathecal narcotic delivery system, narcotic and anti-inflammatory medications. The patient has had Botox injections in the past about every 6 months that provides pain relief and functional improvement. The patient's pain has increased again and the attending physician is requesting another series of trigger point injections with Botox. The records document the patient has "classic trigger point tenderness" that has responded to the previous injections.

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

I uphold the previous denials for the request for trigger point injection. Despite the previous reported improvement from Botox chemodenervation by trigger point injections, the information received and reviewed does not meet ODG guidelines for the requested trigger point injection treatment. The records reviewed do not find documentation that the patient has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, radiculopathy is documented as being present. The request is also for injection with Botox and that is not recommended per #8 on ODG criteria for the use of trigger point injections.

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 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 steroid are not recommended.

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

ODG: trigger point injections for myofascial pain