

SENT VIA EMAIL OR FAX ON
Nov/06/2008

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/05/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4-6 Trigger Point Injections to Left Forearm Musculature

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

Board Certified in Physical Medicine and Rehabilitation and 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

Denial Letters 10/3/08 and 10/20/08

Records from Pain Institute 2/11/08 thru 9/30/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man who reportedly had a crush injury to his left hand in xx/xxxx. He subsequently had problems and was diagnosed with RSD/CRPS-I. He had a series of stellate blocks. He reportedly had residual pain in the middle finger with identifiable trigger points in the ECRL/B, pronator (did not clarify which one), and brachial radialis.

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

The existence of trigger points remains controversial. Some physicians who follow the Travell and Simmons program believe in them, while other cite that lack of histological and pathological confirmation of their existence. The Trigger Point Manuals, I and II cover the extremities as well as the trunk. The ODG limits discussion to the back in myofascial pain. Dr.

had not described the jump sign or twitch, but said in April that the trigger points were consistently present. He plans to perform 4 trigger point injections, the maximum advised by the ODG. It is necessary to extrapolate from the back pain section to the extremities. The finger pain could be related to problems in these muscles. Considering the comparative low risk and cost for the procedure the request is medically necessary

Trigger point injection

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, 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 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.

Myofascial pain

Overview of this pain syndrome (not a procedure): Myofascial pain is defined as pain or autonomic phenomena referred from active trigger points, with associated dysfunction including restricted range of motion. The trigger point is a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. However, trigger points may be observed in up to 33-50% of adults in a general medicine practice according to the International Association for the Study of Pain. The pain quality is dull or achy and associated with autonomic changes (abnormal sweating, lacrimation, flushing and temperature changes). Active trigger points cause pain at either rest or activity. Latent trigger points are not painful but present with other signs, primarily restricted movement and weakness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined due to lack of research. (Graff-Radford, 2004) (Alvarez, 2002) (Borg-Stein, 2002) For additional references see the Low Back Chapter, Trigger point injections.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)