Notice of Independent Review Decision

DATE OF REVIEW: 10/02/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:
Three (3) or more trigger point injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., duly licensed in the State of Texas, Fellowship Trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over twenty years experience in the active practice of Pain Management

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be:

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
739.3	***20550***		***Prosp.***						***Upheld***
739.1	***20553***		***Prosp.***						***Upheld***

INFORMATION PROVIDED FOR REVIEW:

- TDI case assignment
- Letters of denial 08/21/08 & 08/29/08, including criteria used in the denial (ODG)
- Authorization requests & letters of medical necessity (not dated)
- Pain management progress notes 08/13 & 07/08/08
- H&Ps 04/02 & 05/29/08
- Radiology report 05/0208

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant was injured on xx/xx/xx. According to the treating doctor (TD), the claimant was injured when she was standing to get up from a table and the table fell towards her. The claimant had to hold onto the table and subsequently developed neck, bilateral upper extremity, lower back, and bilateral lower extremity pain and numbness.

On 05/02/08 the claimant had lumbar and cervical MRI scans performed. The lumbar MRI scan demonstrated partial dehydration of the L3/L4 disc with left facet synovitis. Near-complete dehydration of the L4/L5 and L5/S1 discs was noted, as well as 2-mm non-compressive posterior disc bulges and bilateral facet synovitis. No spinal canal stenosis, foraminal stenosis, disc herniation, or spinal cord compression was noted. Cervical MRI scan was also performed on 05/02/08, demonstrating 2-mm posterior disc bulges at C3/C4 and C6/C7 with no compression of the spinal cord or nerve roots. The 3-mm disc bulge was noted at C4/C5, also with no compression of the spinal cord or nerve roots. A 4-mm posterolateral disc herniation was noted at C5/C6 but again with no direct spinal cord or nerve root compression.

On 07/08/08 the claimant was initially evaluated for complaints of neck pain radiating to both arms with numbness in both hands, as well as lumbar pain radiating to both legs with numbness and weakness in both legs. The pain level was said to be 9/10. Under review of systems it was noted the claimant's denial of "muscle aches." No prior treatment was documented. It was noted that the claimant was taking Ultram ER

100 mg daily. Physical examination documented nonspecific muscle spasms in the neck, thoracic area, and lower back throughout the paravertebral muscles, facet joints, trapezius, infragluteal, sacroiliac joint, posterior/superior iliac spine, facet, iliolumbar, and sciatic notch areas. Trigger points were said to be present bilaterally in the cervical and thoracic, paravertebral, scapulocostal, and trapezius areas. Physical examination did not document any alleged trigger points in the lumbar area. The TD recommended physical therapy but did not document any orders for that. He also recommended bilateral cervical and lumbar medial branch blocks and cervical and lumbar trigger point injections. He also recommended bilateral upper and lower extremities nerve conduction velocity studies.

The claimant returned to the TD on 08/13/08, who documented the exact same pain complaint, pain level, and physical examination as well as the ongoing denial by the claimant of muscle aches. He again recommended physical therapy to consist of passive electrical stimulation twice a week for five treatments. He also recommended bilateral cervical and lumbar medial branch blocks as well as cervical and lumbar paravertebral muscle trigger point injections and supplied letters of medical necessity for all of those procedures. The letter of medical necessity for trigger point injections defined trigger points as "knots of muscle that form when muscles do not relax." As justification, he stated that "previous interventions only temporarily relieved the patient's condition" and that trigger point injections were meant to "decrease the morbidity secondary to the disease process." He also stated that "imaging studies and other diagnostic studies support the provisional diagnosis."

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

The physical examinations documented by the TD do not, in fact, demonstrate the presence of true trigger points as defined by Travell and Simons in their classic textbook on myofascial pain. By definition, trigger points are taut bands of muscle that refer pain to another part of the body and are not simply areas of muscle tenderness to palpation. Therefore, the documented physical findings on examinations do not demonstrate valid evidence of true muscle trigger points. Furthermore, the TD's letter of medical necessity is incorrect in defining trigger points as "knots of muscles that form when muscles do not relax." His letter of medical necessity is also incorrect in stating that "previous interventions only temporarily relieve the patient's condition," as the claimant did not have any previous interventions. Finally, he stated that "imaging studies and other diagnostic studies support the provisional diagnosis." This is also incorrect, as imaging studies do not in any way support the presence of true trigger points. Therefore, none of the justification stated in the letter of medical necessity is, in fact, correct or valid to support his request for cervical and lumbar paravertebral muscle trigger point injections. Finally, none of the TD's physical examinations actually document in any way the presence of lumbar trigger point. Therefore, since physical examinations do not document valid evidence of true myofascial trigger points as defined by the gold standard textbook on myofascial trigger point pain, and the letter of medical necessity does not, in fact, provide any valid support for the definition of trigger points or their injections, there is no medical reason or necessity for the requested cervical and lumbar paravertebral muscle trigger point injections. The previous recommendations for nonauthorization by two separate physician advisers is, therefore, upheld. The requested trigger point injections also do not meet ODG Treatment Guidelines standards.

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

(Check any of the following that were used in the course of your review.)

_____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 judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X__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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)