

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 09/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Single or multiple trigger points, three or more muscles

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

Board Certified Anesthesiologist specialized in 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

OD Guidelines

Denial Letters 8/1/08, 8/6/08, 8/12/08

Records from Dr. 8/27/03, 11/13/07 thru 8/20/08

Peer Reviews 8/1/08 and 8/6/08

Records from Hospital: OP Report 4/28/08 and Lumbar Spine 4/18/08

Records from Pain & Neuromuscular 5/30/08 and 4/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job on xx/xx/xx. Since that time the patient has been complaining of neck and low back pain. The patient complains of low back pain that radiates into the right lower extremity. On physical exam, the patient has “reproducible trigger point tenderness noted to the quadratus lumborum, gluteus maximus and gluteus medius muscles.” This is also noted on the trapezius, levators, rhomboids, splenius capitis and splenius cervicis muscles. The assessment is “patient with pain to the lower back and right lower extremity.”

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

Per the Official Disability Guidelines, trigger point injections are only recommended “for myofascial pain syndrome.” It is noted that there is no diagnosis of myofascial pain syndrome given to this patient. In addition, the Official Disability Guidelines go on to state that the use of trigger point injections is indicated if there is “evidence upon palpation of a twitch response as well as referred pain.” None of this is documented in the information submitted for review. It is also noted that this patient has radiculopathy that radiates into the right lower extremity. Per the Official Disability Guidelines, a trigger point injection is only indicated if “radiculopathy is not present.”

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)