

SENT VIA EMAIL OR FAX ON
Apr/23/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C Trigger Point Injections in office

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

Board Certified Orthopedic Surgeon

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

Office Note, Dr: 02/12/09 and 03/03/09

Reviews: 02/16/09 and 03/12/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported a fall injury on xx-xx-xx. She apparently treated for neck pain. On 02/12/09 she was noted to have persistent complaints of neck pain and was taking Diclofenac. Physical examination demonstrated cervical tenderness and limited motion; no motor deficits; and trigger points in the intrascapular and occipital areas. Dr. recommended trigger point injections. The claimant was seen again on 03/0/09 with continued complaints and was noted to be using Tramadol as well. The physical examination was essentially unchanged and Dr. continued to recommend trigger point injections.

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

Cervical trigger point injections in the office in a female are appropriate and necessary.

The documentation notes that the claimant has had anti-inflammatory medication and Tramadol with no relief. Objectively, there is noted cervical tenderness, decreased range of motion in all ranges due to spasm, but there are no motor deficits noted, and trigger points were appreciated.

Given this information, the Reviewer's assessment is that the cervical trigger point injections are reasonable and consistent with ODG guidelines. This is based upon the records reviewed.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Neck- Trigger Point Injections.

Not recommended in the absence of myofascial pain syndrom

Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia

See the Pain Chapter for Criteria for the use of Trigger point injections.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Pain- 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)