



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 8/17/09

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for thoracic facet block / trigger point injection.

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

Texas licensed Anesthesiologist / Pain Management Specialist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for thoracic facet block / trigger point injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) Form (unspecified date).
- Notice to of Case Assignment Sheet dated 8/3/09.
- Notice of Assignment of Independent Review Organization Sheet dated 8/3/09.
- Request for a Review by an Independent Review Organization Form dated 7/29/09.
- Notification of Reconsideration Determination Report dated 7/22/09, 6/15/09.
- Fax Cover Sheet dated 7/9/09.
- Follow-Up Visit Note dated 6/17/09.
- Procedure Code Note dated 6/12/09.
- SOAP Note dated 6/3/09.
- MRI of the Thoracic Spine without Contrast Report dated 4/14/09.
- Workers' Compensation Authorization Request Sheet (unspecified date).
- Fax cover Sheet/Case Information Sheet (3)(unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall

Diagnosis: Neck and mid back pain

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

This xx-year-old male had a history of neck and mid back pain since xx/xx/xx. The mechanism of injury was a slip and fall. The patient was diagnosed with neck and mid back pain. According to the 06/03/09 medical note, there was neck and mid back pain that radiated into the right arm. The pain was rated 6 on a 0-10 pain scale. There was numbness as well. On physical examination, there were periscapular trigger points with thoracic spine tenderness, with decreased range of motion. An MRI showed disc bulge at T6-T7, with multilevel endplate irregularity and Schmorls nodes. The patient has had multimodality conservative treatment including physical therapy and medications. The patient was on Naproxen and Skelaxin. The request is now for trigger point injection. The Official Disability Guidelines state, "Criteria for the use of TPIs (Trigger point injections): TPIs 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) No 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) TPIs with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment.” Without a peer-to-peer case discussion, this reviewer did not find that all the above criteria were met in the last medical note reviewed. Therefore, the request is denied. With regard to the thoracic facet block, the Official Disability Guidelines state, "Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.” This patient does not meet the above criteria as the pain radiated into the arm. Therefore, the request is denied.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Pain - Criteria for the use of TPIs (Trigger point injections) and Neck and Upper Back - Criteria for the use of diagnostic blocks for facet nerve pain

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).