

Wren Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient trigger point muscle injection related to lumbar paraspinals.

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified 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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/9/09, 5/22/09
MD, 4/30/08, 10/15/08, 1/19/09, 2/4/09, 5/12/09
Trigger Point Injection, 10/30/08
Lumbar ESI, 1/29/09
CT SCAN Cervical, 1/30/08
MRI Lumbar Spine, 1/30/08
Pain Team, Request for Trigger Point Muscle Injection, 5/8/09
Reconsideration Request, 5/29/09
Response to Denial, MD, 5/27/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman with neck and low back pain after a roll over automobile accident in xx/xxxx. Her lumbar MRI and cervical CT were normal. Dr. felt she had a lumbar strain/Sprain with radiculitis. She had not improved with prior medications. His 10/15/08 examination described trigger in the lumbar paraspinals and in the upper trapezius muscles. He diagnosed myofascial pain and tried off label use of Lidoderm to control the pain. These were performed on 10/30/08 apparently after DWC approval. His 1/9/09 note described "injection helped 80%." He performed lumbar epidural injections on 1/29/09. The follow up note dated 2/4/09 described "injection helped 70%" but did not state if this was a trigger point injection or the

ESI. He advised a home therapy program and prn injections. He continued to describe trigger bands in his most recent note (5/12/09), but had the diagnosis of a lumbar strain. He continued to use Lidoderm to control the pain.

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

Dr. is treating this person for myofascial pain, but has labeled it lumbar strain. The ODG is inconclusive in the use of trigger point or similar injections for pain. It is only approved for myofascial pain. Dr. described the trigger points, but used the strain as an umbrella diagnosis. He previously used lidocaine and triamcinolone, a corticosteroid for the injections.

Dr. described the taut bands for trigger points. The ODG describes circumscribed trigger points. Travell and Simons, in their Trigger Point Manuals describe the trigger points may be localized in taunt muscle bands as well. The provider has described in some notes referred pain patterns. The patient has a home exercise program. The patient meets the ODG criteria for use for Outpatient trigger point muscle injection related to lumbar paraspinals. The reviewer finds that medical necessity exists for Outpatient trigger point muscle injection related to lumbar paraspinals.

Trigger point injections (TPIs)

Not recommended in the absence of myofascial pain syndrome. See Criteria for use below. See the Pain Chapter for more information and references. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. The evidence for TPIs when used as a sole treatment for patients with chronic low-back pain (regardless of injectate) is inconclusive and the treatment does not appear to be more effective than treatments such as laser or ultrasound. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. These injections are not recommended for typical chronic low back or neck pain, nor are they recommended for radicular pain. (Scott, 2005) (Scott, 2008) The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Steroid injection is not generally recommended nor is Botulinum toxin. (Bigos, 1999) (Nelemans-Cochrane, 2000) (Vad, 2002) (BlueCross BlueShield, 2004) (van Tulder, 2006) (VanTulder-BMJ, 2004) (Peloso, 2007) (Ho, 2007) An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-Cochrane, 2009)

Criteria for the use of Trigger point injections

Trigger point injections with a local anesthetic with or without steroid 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate an incorrect diagnosis, a lack of success with

this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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