

SENT VIA EMAIL OR FAX ON  
Dec/07/2009

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/30/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar L4/5 ESI under Fluoroscopy with Trigger Point Injections

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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 10/18/09 and 11/5/09  
Xray 8/7/09  
Pain 11/14/06 thru 10/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured after a fall from a ladder in xxxx. There were different dates (xxxx) provided, but xxxx seemed the most common. Dr. reported that the man had a third back operation in 2005 that did not help. Prior reviewers cited back operations in 1977 and 1983 that predated the injury. They also report the operation in 11/05 was an L4/5 and L5/S1 discectomy. He had spinal stimulator in place some time before the 11/06 note. It had a battery replacement in 2008. He had trigger point injections in 2006 and 2007. He had Botox

injections in 2006. The xray from 8/7/09 showed disc space narrowing at L4/5. There was no MRI report. He apparently has ongoing back pain in the left leg and foot with numbness. Dr. noted decreased sensation in the left foot distal to the ankle. Several notes cite no neurological loss other than bilateral absent ankle jerks. Dr. described pain at the SI region. There was "...trigger point tenderness in quadratus lumborum, gluteus maximus and gluteus medius (8/1/8/09). There are other notes of trigger point tenderness. Dr. wished to perform two epidural injection and trigger point injections.

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

The ODG requires confirmation of a radiculopathy. The requirements for this include dermatomal pain. The description of pain/numbness from the ankle to the toes is not in a single dermatomal pattern. Second, there are no confirmatory findings as defined in the AMA Guides. These include findings on an MRI of a disc herniation. There was no muscle atrophy or weakness described. The reflex change is a bilateral absent ankle jerk. This is not asymmetrical. There was a report of decreased sensation again distal to the ankle, but not in any dermatomal component. Therefore there has not been confirmation of a radiculopathy to meet the ODG requirements. Dr. wrote 11/10/09 that there is a radiculopathy. He wrote "The patient complains of pain to the low back radiating down the left leg to the foot. He complains of numbness to the left lower extremity. On physical examination there is decreased sensation noted from the left ankle distally. His reflexes are 2+ pallar (sic) on the right and the left and absent bilaterally to the achilles (sic)." Again, he did not describe a dermatomal distribution or any asymmetrical neurological loss. As such, he has not confirmed the required presence of a radiculopathy. The ESI cannot be justified per the ODG requirements. The request for two epidural injections is a mute point. The ODG permits the second pending the effectiveness of the first.

The second issue is the need for trigger point injections. There are several times that Dr. identified the presence of "...trigger point tenderness in quadratus lumborum, gluteus maximus and gluteus medius." He had the diagnosis of myofascial pain syndrome. Travell and Simons wrote, as does the ODG, that trigger points are not just tender areas, but have associated twitch responses and referred pain. These were not described. For a further conflict, the ODG states that trigger point injections should not be performed when a radiculopathy is being treated. Dr. wants to perform the trigger point injections while also treating this man for the radiculopathy. The latter was not proved as noted in the preceding paragraph.

#### **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)