

SENT VIA EMAIL OR FAX ON  
Dec/08/2009

## True Decisions Inc.

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

**DATE OF REVIEW:**

Dec/07/2009

**IRO CASE #:**

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

1 outpatient visit with 4 trigger point injections related to the lumbar

**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 11/5/09 and 10/15/09  
Pain Institute 5/18/09 thru 10/29/09  
OP Report 6/5/09, 4/2/09, 7/25/07  
6/5/09  
Diagnostics 5/18/09  
Hospital 7/27/09  
X-Ray 7/26/07  
Radiology Associates 7/25/06

**PATIENT CLINICAL HISTORY SUMMARY**

This man was injured in xxxx and has a spinal cord stimulator/pump. Most of the records refer to this. Dr. described tender trigger points on 10/28/08, 5/4/09, 10/12/09 and in a letter on 10/28/09. He description is similar to the one of 10/12/09. He reported, "reproducible trigger point tenderness noted to the quadratus lumborum, the gluteus maxims and the gluteus medius." He further wrote that palpation "caused a sudden pain to the specific areas

upon palpation.” He also described limited motion and reported radicular pain. He performed myoneural injections for myofascial pain on 4/2/09.

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

Travell and Simons differentiated trigger points from tender points in their Trigger Point Manuals. The ODG follows suit. There is local tenderness, a twitch and referred pain patterns. Without a described referred pain pattern or twitch response, one cannot verify that the tender sites are truly trigger points. Further the ODG does not consider trigger point injections appropriate in the presence of a radiculopathy. Dr. Carrasco noted the presence of a radiculopathy by history. Without the documentation by ODG and Travell/Simons criteria, the Reviewer cannot justify the injections and label them 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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