

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 22, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Trigger Point Injection right scapulocostal and trapezius and intra-articular steroid injection right shoulder

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

MD, Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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 reviewer finds that medical necessity does not exist for Outpatient Trigger Point Injection right scapulocostal and trapezius and intra-articular steroid injection right shoulder.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/7/08, 11/14/08
ODG Guidelines and Treatment Guidelines
, MD, 10/28/08, 8/26/08, 4/16/08, 11/3/08, 11/10/08
MRI of Right Shoulder, 4/5/07
Letter of Medical Necessity, undated
Operative Report, 10/3/08
Mental Health Assessment, 10/13/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient complains of pain in the right shoulder. The patient received an MRI of the right shoulder on 04/05/07 which showed rotator cuff tendinopathy without any tears in the rotator cuff and AC joint arthropathy. Since that time, the patient has undergone right stellate ganglion blocks, right suprascapular nerve blocks, and a right suprascapular nerve radiofrequency ablation. None of these procedures have seemed to help out the patient's pain. On 04/16/08, a spinal cord stimulator trial was recommended. On 08/26/08, a spinal cord stimulator trial was once again recommended along with two right stellate ganglion blocks. The patient received one right stellate ganglion block on 10/03/08. On the office visit note dated 10/28/08, the patient noted that she only received one day of pain relief from the stellate ganglion block. On that same date of service, the spinal cord stimulator was no longer discussed. Instead, it was discussed that the patient would be a candidate for a trigger point injection and a right intraarticular shoulder joint injection.

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

The Official Disability Guidelines state that there needs to be "documentation of the circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." This requirement has not been met according to the physical exam results that were provided for this review. The reviewer finds that medical necessity does not exist for Outpatient Trigger Point Injection right scapulocostal and trapezius and intra-articular steroid injection right shoulder.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)**