IRO#
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DATE OF REVIEW: 11/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Trigger Point Injections

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

This case was reviewed by a Texas licensed DC, specializing in Chiropractic, Acupuncture. The physician advisor has the following additional qualifications, if applicable:

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Trigger Point Injections	20552	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Referral		1	11/06/2009	11/06/2009
2	Office Visit Report	D.C.	13	06/24/2008	08/18/2008
3	Office Visit Report	Associates	5	10/28/2008	10/28/2008
4	Office Visit Report	Pain Relief center	16	06/29/2009	09/28/2009
5	Designated Doctor Report	M.D.	5	11/18/2008	11/18/2008
6	Designated Doctor Report	M.D.,P.A.	2	09/09/2008	09/09/2008
7	Claim Notes		26	07/01/2008	10/20/2009
8	Diagnostic Test	Radiology	3	09/26/2008	09/26/2008
9	IRO Record Receipt		5	10/20/2009	10/20/2009
10	Initial Request	Pain Relief Center	2	07/14/2009	09/22/2009

11	IRO Request	Services	4	10/08/2009	10/08/2009
12	Initial Denial Letter		6	09/24/2009	10/05/2009
13	UR Request		2	10/05/2009	10/05/2009
14	Fax Confirmation	Health & Wellness	6	06/26/2008	10/01/2008
15	Fax Confirmation		1	10/20/2009	10/20/2009
16	Fax Confirmation	Pain Relief Center	1	10/21/2009	10/21/2009
17	Fax Confirmation	Associates	3	10/31/2008	11/12/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the submitted medical records, this claimant is a female who injured her low back on xx/xx/xx, currently diagnosed with lumbar IVD, lumbar radiculitis and muscle spasms. The claimant is currently xx year, xx months post soft tissue injury. This claimant was injured xx/xx/xx. She has continued to complain of low back pain that radiates down the right leg. A lumbar MRI was performed on 9/26/09 which indicated a left paramedian active 3 mm protrusion L5/S1, causing mild compression of the ventral traversing left S1 nerve root; hypertrophy and asymmetry of the L5/S1 facet joints. Lumbar x-rays were performed on 9/26/08 which indicated minimal degenerative change in an otherwise normal study. The claimant was working normal work duties until 7/13/09 when she was taken off work. Records from , D.C do not document the trigger points indicated or referenced on the Sept. 14, 2009 exam/evaluation. Prior records do not indicate the trigger points being referenced on Sept. 14, 2009. An exam was performed on Sept. 14, 2009 which indicated 2 severe trigger point injections over the lumbosacral region. One trigger point is present at the L2/3 level on the left to include the erector spine are muscles and the other trigger point is identified on the right to include the piriformis and gluteus maximus muscles. Palpation of these trigger points produced radicular pain pattern to the right hip. It is anticipated that the trigger point in the piriformis may be causing simulation of the sciatic nerve cause right lower extremity radiculopathy. There is no evidence of the same trigger points being present prior to the evaluation dated Sept. 14, 2009. The current request is for trigger point injections.

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

This claimant does not meet the ODG Criteria for the current request. The trigger points are not documented or present in the exams/evaluations prior to Sept. 14, 2009. The claimant does have subjective complaints into the lower extremity. The claimant is diagnosed with radiculitis. There is no evidence of conservative care to treat the trigger points that are referenced on the Sept. 14, 2009 exam/evaluation. There is no evidence of ongoing conservative care including home exercises and stretching. No explanation or rationale has been given or provided to support the current request contrary to the evidence based guidelines, ODG. Based on the documentation provided, objective and subjective findings this request is not medically reasonable and necessary. Non-Authorization is advised.

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

ODG: Online version of ODG Pain Chapter

Trigger point injections (TPIs)	Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. 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. 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. (Scott, 2005) See Myofacial pain. A recent systematic review came to the conclusion that the efficacy of TPIs was no more certain than it was a decade ago,

	and that there continued to be no clear cut evidence of either benefit or ineffectiveness. There is no evidence-based or consensus research to suggest an optimal technique. The mechanism of inactivation of the trigger point remains unknown. Many consider dry needling as effective as a TPI. It has been suggested that the main effect is placebo. (Cummings, 2001) There are no studies that compare "stretching" treatment alone or "no treatment" to TPIs. Most current studies have evaluated the use of a TPI as a stand-alone treatment. (Scott, 2008) (Staal, 2008) *Indications:* The main indication is to inactivate the trigger point in order to reduce pain and restore function. This may enable physical therapy. The injection is also used as a diagnostic tool. (Scott, 2008) *Whiplash and chronic head, neck, shoulder and back pain:* The evidence for TPIs when used as a sole treatment for patients with whiplash syndrome or chronic head, neck, shoulder or back pain (regardless of injectate) is inconclusive and the treatment does not appear to be more effective than treatments such as laser or ultrasound. These injections are not recommended for typical chronic low back or neck pain, nor are they recommended for radicular pain. *Fibromyalgia:* There is no evidence to support trigger point injections for this condition using randomized controlled trials. Uncontrolled trials suggest that dry needling or soft-tissue injections with lidocaine are equally effective. (Goldenberg, 2004) *Cervicogenic headaches:* The effectiveness is unknown. (Scott, 2005) *Osteoarthritis:* There is one randomized controlled trial that indicates that the addition of TPIs to intra-articular injections improves pain and function over and above the latter injection alone. (Yentur, 2003) *Needling procedures:* The standard definition of TPIs (also called direct wet needling) involves injecting fluid directly into the trigger point. (Cummings, 2001) Other needling techniques include injection of fluid over the trigger point into the skin or subcutaneous tissue, direct dry needling, or indirect dry needling (the needle is placed superficially or deep into classic acupuncture points or over a tender spot, but not into the trigger point). See Acupuncture. *Injection fluids:* The injection of a local anesthetic can reduce the pain of a trigger point. TPIs with an anesthetic such as bupivacaine are recommended for non-resolving trigger points. In addition, the addition of a local anesthetic can reduce the pain of injection. The addition of a corticosteroid is not generally recommended and there is moderate evidence that TPIs with corticosteroids do not produce significantly different results from placebo injections using short-term self reports. Current evidence does not support the use of Botulinum toxin in trigger point injections for myofascial pain. (Ho, 2007) (Peloso, 2007) *Adverse effects:* The following have been published in case reports: cervical epidural abscess; accidental intrathecal injection; muscle atrophy at the injection site; pneumothorax; development of asystole. There is also a concern that when used as a primary therapy patients may become dependent on this treatment, diverting from the underlying factors causing and maintaining pain. (Borg-Stein, 2002) Vasovagal responses are the most frequent complication. Other complications include bleeding, cuts or tears to the muscle, injury to nerve fibers, damage to blood vessels, infection, and allergic reactions (including anaphylaxis). *Contraindications:* Acute cases of muscle trauma; Allergies to anesthetic agents; Bleeding disorders; Local or systemic infection; Anticoagulant use. *Trigger point definitions:* A trigger point is a hyperirritable foci located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Pain is generally reported on compression, with common evidence of characteristic referred pain. This may or may not be accompanied by an autonomic response. Trigger points may be present in up to 33-50% of the adult population. There is currently no satisfactory objective, biochemical, electromyographic, or diagnostic imaging test to diagnosis trigger points. (Scott, 2008) *Active trigger point:* Continuous pain is generated in the zone of reference with or without palpitation.

	Latent trigger point: No evidence of spontaneous pain but evidence of restricted movement and muscle weakness. *Primary trigger point:* develop independently of other trigger points. *Satellite trigger points:* result from stress and muscle spasm caused by neighboring trigger points. (Scott, 2005) *Myofascial pain syndrome* is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. A cluster of symptoms is noted including pain, autonomic phenomena and muscle dysfunction. Examples of primary myofascial pain syndrome include tennis elbow, frozen shoulder and chronic tension type headache. Secondary myofascial pain is found in the presence of conditions such as whiplash, TMJ dysfunction, and osteoarthritis. Psychosocial factors may contribute to muscle tension and an increase in pain, in particular, anxiety. (Esenyel, 2000) (Nifosi, 2007) (Altindag, 2008) (Graff-Radford, 2004) (BlueCross BlueShield, 2004) (Nelemans-Cochrane, 2002) See also the Low Back Chapter. **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; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate 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.