

## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/14/2009

**IRO CASE #:**

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

Right Psoas compartment Plexus Block under Fluoroscope Imaging with Trigger Point Injections

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from John Hopkins University School of Medicine and completed training in Orthopaedics at John Hopkins University School of Medicine. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since July 2000 and currently resides in TX.

**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)

Right Psoas compartment Plexus Block under Fluoroscope Imaging with Trigger Point Injections Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Facsimile cover sheet dated 9/24/2009
2. Notice dated 9/24/2009
3. URA IRO Coordinator fax cover sheet dated 9/22/2009
4. Review summary decision note by DO dated 9/21/2009
5. Right Psoas compartment Plexus Block under Fluoroscope imaging services by DO dated 8/27/2009
6. Fax cover sheet by RN dated 8/24/2009
7. Follow up examination report by MD dated 8/18/2009
8. Follow up examination report by MD dated 6/24/2009
9. Preauthorization request by DO dated unknown
10. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who presented with specific areas of active and reproducible trigger point tenderness noted to the quadratus lumborum, the gluteus maximus and the gluteus medius. There is limited range of motion of the lumbar spine secondary to pain. His provider recommended he undergo right psoas compartment plexus block under fluoroscope imaging with trigger injections.

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

The injured employee is a male who is reported to have presented with specific areas of active and reproducible trigger point tenderness noted to the quadratus lumborum, the gluteus maximus and the gluteus medius. There is limited range of motion of the lumbar spine secondary to pain. There is also right iliopsoas muscle dysfunction and SI joint maneuver increases his symptoms. The injured employee's initial date of injury is xx/xx/xx. There is not a complete treatment history submitted for review to indicate that the injured employee has had more conservative treatments prior to this request. According to ODG guidelines, trigger point injections require that the injured employee has had symptoms for more than 3 months and that radiculopathy is not present. There is no objective documentation indicating that the injured employee has had these symptoms for greater than 3 months and that he does not have radiculopathy. Additionally, psoas blocks are recommended as an option after a 1 month physical therapy trial. There is no objective documentation that this injured employee has had any physical therapy to date. In the absence of additional clinical information, the request is not indicated as medically necessary. Therefore, the recommendation is to uphold the denial.

**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 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)