



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trigger point injections

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The medical necessity for the services requested has not been demonstrated.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. DO, Office Notes, 10/24/08 to 9/8/09
3. DO, Surgical notes, 10/25/08 to 3/4/09
4. DC, EMG/NCV, 7/22/2008
5. Imaging, MRI lumbar, cervical, right shoulder, 7/31/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has cervical, mid and low back pain and lumbar facet syndrome. Radiofrequency ablation provided some degree of pain relief. She is performing a home exercise program and is working full duty. Previous trigger point injections have been performed.

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

There is no documentation of a degree of efficacy of a previous trigger point injection. There is inadequate documentation of specific trigger points and no evidence of pain on palpation along with a twitch response producing referred pain. There is no documentation of greater than 50% pain relief with reduced medication use from previous trigger point injections for six weeks after previous trigger point injection.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)