

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/16/2009

**IRO CASE #:**

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

Two series of trigger point injections, 4 injections per session to be done 2 weeks apart, to the levator, trapezius, supraspinatus, infraspinatus, and subscapularis muscles of the right shoulder, as outpatient

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

M.D., Board Certified Orthopedic Surgeon

**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**

ODG Guidelines and Treatment Guidelines

Right shoulder MRI 05/28/09

Office note Dr. 06/25/09

Office note 07/28/09

Office note Dr. 08/28/09

Peer reviews 09/03/09, 09/18/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who developed a sudden onset of right shoulder pain on xx/xx/xx after attempting to slide a steel platform across the floor. MRI on 05/28/09 noted no obvious rotator cuff pathology with mild tendinosis of the supraspinatus tendon and findings in the superolateral aspect of the humeral head consistent with bone bruising. There was also some fluid in the subacromial/subdeltoid bursa representing mild bursitis. Dr. , orthopedics, saw the claimant on 06/25/09 and examination noted positive impingement and the appearance of hand shoulder syndrome. He administered a cortisone injection to the anterior and posterior shoulder and advised continued therapy. No motor or sensory deficits were noted. The impression was right shoulder pain of unknown etiology. On 08/28/09, Dr. , pain management, saw the claimant. Right grip strength was decreased and active trigger points were identified in the levator, trapezius, supraspinatus, infraspinatus and subscapularis

muscles. Right shoulder pain, bursitis and myofascial pain syndrome were diagnosed and a series of trigger point injections was requested.

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

The requested two series of trigger point injections, four injections per session done two weeks apart to the right shoulder is not medically necessary based on review of this medical record. This claimant has ongoing vague right shoulder complaints and has been treated conservatively since his injury on xx/xx/xx.

ODG guidelines document the use of trigger point injections in claimants who have chronic pain, but are not indicated if there is radiculopathy present and no repeat injections are recommended unless greater than 50 percent pain relief is obtained for six weeks. Therefore in this case, Dr. has documented decreased sensation in the right upper extremity which would seem to indicate a radiculopathy. He has requested multiple injections two weeks apart without waiting to determine whether or not the first injection set has actually helped. The request does not meet the Official Disability Guidelines. The reviewer finds that medical necessity does not exist for two series of trigger point injections, 4 injections per session to be done 2 weeks apart, to the levator, trapezius, supraspinatus, infraspinatus, and subscapularis muscles of the right shoulder, as outpatient.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Shoulder , Pain

Short-term pain relief provided by subacromial corticosteroid injection is greater vs placebo and is at least equal to that provided by treatment with nonsteroidal anti-inflammatory drugs (level of evidence, B). During physical rehabilitation, corticosteroid injections can help control pain from rotator cuff syndrome. Subacromial injection is helpful to distinguish between shoulder weakness caused by impingement (shoulder strength improves after injection) and true rotator cuff tear (no change in strength). (Stephens, 2008)

Trigger point injections (TPIs)

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.

**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)