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Notice of Independent Review Decision

DATE OF REVIEW: 09/15/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Trigger point injection 20553

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was xx years old when she sustained an injury while working for She had pain in her left wrist, elbow, right wrist, and elbow subsequently.

The employee was initially treated by the company doctor with Cortisone shots and splints, and she was referred to hand surgeons Dr. and Dr.

The employee had multiple operations performed over the next several years totaling approximately sixteen associated carpal tunnel releases and nerve related surgeries. She had developed severe reflex sympathetic dystrophy in the bilateral arms as well as complex regional pain syndrome in the lower extremities as a result of these multiple operations.

The employee is being followed chronically by , Ph.D., for chronic pain. Her current pain management physician is Dr. who has followed her for many years and has provided various treatments including stellate ganglion blocks, most recently spinal cord stimulator, and prescribed medications.

There was an office visit dated 01/29/09 by Dr. , a pain management physician, that has followed this employee monthly for the last several years. At that time, she was followed up regarding reflex sympathetic dystrophy complaints. She had just received a stellate block and felt fabulous afterward, reporting 70% relief. She was more functional and more active after this. She was currently receiving chronic narcotic pain medicine as well and has been able to cut back on this. Given the success of the stellate block, another one was going to be ordered and performed.

On 03/04/09, an additional stellate ganglion block was performed for complex regional pain syndrome in the right hand.

On follow-up on 03/06/09, it was apparent that the employee did not get a technically sound stellate block afterwards. She had to increase her pain medications, and no further changes were made.

On 03/25/09, an additional stellate block was performed.

Follow-up occurred on 04/13/09 with Dr. . The employee complained that she had recently banged into her battery pack located in her posterior lumbar area. As a result, she felt it might be possible that her leads had migrated. Her spinal cord stimulator was reprogrammed, and there was successful recapturing of the back, buttock, and leg pains. The employee continued to experience myofascial tenderness over the mid thoracic area. The plan was to continue with exercise and rehabilitative therapy. She was encouraged to continue to gain independence from medications and follow-up in one month.

Follow-up occurred on 05/04/09. The employee was pleased to report more than 70% improvement. It was the best she had felt in years. In fact, she was trying to lower her Neurontin as well. A follow-up evaluation was recommended in one month. The employee did have some fluid retention, and it was recommended she follow-up with her primary care physician for that.

Follow-up occurred on 06/11/09. At that time, the employee continued to complain of pain around the battery site on the right buttocks area. It was noted that Dr. opined that he felt reflex sympathetic dystrophy had infiltrated that area. The area was hypoesthetic and allodynic, and she had active trigger points in that area. As a result of this finding, he offered trigger point therapy, corticosteroid, and local anesthetic injections into that area.

Following this office visit, requests were made for trigger point injections into this area, and as of this date, they have been denied multiple times.

Criteria for use of trigger point injections can be found on the most current online edition of the **Official Disability Guidelines**. Under the low back pain chapter heading, trigger point injections, the criteria for use of trigger point injections are as follows:

1. Documentation is circumscribed trigger points with evidence upon palpation with a twitch response as well as referred pain
2. Symptoms have persisted more than 3 months
3. Medical management therapy such ongoing stretch exercises, physical therapy, nonsteroidal anti-inflammatory drugs, and muscle relaxants have failed to control pain
4. Radiculopathy is not present (by examination, EMG/NCV)
5. Not more than three to four injections per session
6. No repeated injections unless greater than 50% of pain relief with reduced medication use is obtained for six weeks after injection, and there is documented evidence of functional improvement
7. Frequency should not be at an interval of less than two months
8. Trigger point injections with any substance; e.g. saline or glucose other than local anesthetic or without steroid is not recommended
9. There should be evidence of continued ongoing conservative care including home exercises and stretching. Using as a sole treatment is not recommended
10. The pain persists after two to three injections, treatment plan should be reexamined as this may indicate an incorrect diagnosis, lack of success with this procedure, or a lack of incorporation of more conservative management modalities for myofascial pain. It should be remembered that trigger point injections are considered adjunct, not a primary treatment.

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

Given the current criteria for the use of trigger point injections as found in the ***Official Disability Guidelines*** chapter for low back, current online edition, it does appear that trigger point injections are indicated at this time. This is based on the following information:

1. There are documented trigger points on examination
2. Symptoms have persisted for more than three months
3. Medical management has not shown relief
4. Radiculopathy is not associated with these trigger points
5. The pain management physician is familiar with the amount of injections to give per session
6. The pain management physician is very familiar with the guidelines of not giving additional trigger points unless 50% pain is relieved
7. Frequency has not been established
8. Trigger points would be given with local anesthetic and/or corticosteroid
9. Ongoing rehabilitative and conservative treatment measures are being used.
10. These would be considered treatment as an adjunct and not a primary treatment.

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

1. ***Official Disability Guidelines***, Pain Chapter and Low Back Chapter, Online Version
2. Scott NA, Guo B, Barton PM, Gerwin RD. Trigger Point Injections for Chronic Non-Malignant Musculoskeletal Pain: A Systematic Review. *Pain Med.* 2008 Nov 5.