Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient trigger point injections (TPI) to the left upper trapezius and Levator scapula muscles and lilateral mid thoracic paraspinal

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified in Pain Management and Anesthesiology, American Board of Anesthesiologists.

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

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determinations, 2/2/10, 2/15/10
ODG
Back Institute 2/25/10, 1/21/10, 12/31/09, 12/3/09, 11/2/09, 9/18/09, 5/15/09, 1/29/09
M.D. 2/17/10
Chiropractic 2/11/09, 2/13/09, 2/18/09, 2/19/09, 2/25/09, 2/26/09,
3/9/09, 3/11/09, 3/25/09, 8/10/09, 8/12/09
Orthopedic Neurological & Physical Exam 2/24/09
M.D. 1/14/10

PATIENT CLINICAL HISTORY SUMMARY
This patient was injured on xx/xx/xx, when she slipped on “some black ice.” The patient was diagnosed by Dr. as having “neck pain secondary to myofascial pain syndrome versus cervical facet syndrome.” “For that, he suggested a trial of trigger point injections to the right upper trapezius, cervical paraspinal, mid and lower rhomboid region. The patient underwent those injections and responded quite favorably with 80% improvement for several days then symptoms began to recur. It is noted that the patient now has the same pain symptoms on the left side. The date in which this started is not noted. There is also no mention of physical therapy that has been performed or ordered going forward for this new pain. The diagnosis made for these new symptoms is “cervicothoracic myofascial pain.” Physical exam only notes tenderness to palpation over the muscles in which TPI’s are being requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Per the Official Disability Guidelines, “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." None of these criteria have been met based on the records provided for this review. The reviewer finds that medical necessity does not exist at this time for outpatient trigger point injections (TPI) to the left upper trapezius and Levator scapula muscles and lilateral mid thoracic paraspinal

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)