

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/26/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar trigger point injection

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

Texas Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinic note dated 12/07/07 by Dr.
2. Procedure note dated 02/15/08 Dr.
3. Prior review dated 01/14/10 by Dr.
4. Peer review dated 01/25/10 from Dr.
5. Prior review dated 02/08/10 from Dr.
6. Cover sheet and clinical documents
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

A clinic note dated 12/17/07 reported the employee was injured when he fell approximately 45 feet off of scaffolding but was caught by a security rope. The note reported the employee was complaining of 10/10 constant pain for the past one and one-half months. The physical examination reported an inability to perform straight-leg raise secondary to pain, 2+ deep tendon reflexes, and decreased sensation to light touch on the lateral aspect of the left lower extremity. The note reported the employee had a previous lumbar fusion from L4-S1.

An operative report dated 02/15/08 reported the employee underwent a left L4 and S1 transforaminal epidural steroid injection.

A prior review by Dr. dated 01/14/10 reported the request for trigger point injections were not medically necessary secondary to absence of documentation of myofascial pain syndrome or circumscribed trigger points.

A peer review dated 01/25/10 reported the employee was placed at Maximum Medical Improvement (MMI) on 09/23/08 and given a 0% whole person impairment rating. The note reported the employee did not require any further treatment.

A prior review dated 02/08/10 reported the request for twelve sessions of physical therapy was not medically necessary secondary to previous physical therapy treatment and the request exceeding guidelines.

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

Based on the medical records available for review, the request for lumbar trigger point injections is not medically necessary. The most recent physical examination submitted for review was dated 12/17/07. There was no recent clinical documentation submitted for review to indicate the employee had evidence of lumbar myofascial pain syndrome to include circumscribed trigger points. Practice guidelines recommend that patients have evidence of myofascial pain syndrome and be unresponsive to previous conservative care before trigger point injections are warranted. As such, this reviewer agrees with prior denials of lumbar trigger point injections secondary to lack of documentation.

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

Official Disability Guidelines, online version, Pain Chapter

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.