

SENT VIA EMAIL OR FAX ON
Aug/30/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Trigger Point Injections

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines
Denial Letters 8/2/10 and 7/27/10
Dr. 3/3/10 thru 7/14/10
Dr. 4/12/10 thru 8/13/10
Dr. 4/7/10
MRIs 3/17/10 and 1/29/10
Cervical Spine 3/17/10
Dr. 7/12/10 and 7/28/10
Medical 12/2/09 thru 12/15/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female assaulted on xx/xx/xx. She developed neck pain, upper extremity and shoulder pain. She was found to have a rotator cuff tear. An EMG (4/10) was

suggestive of a C7 radiculopathy, based upon insertional activity findings. The cervical MRI showed no disc herniations. She had a left rotator cuff repair and acromioplasty and clavicular resection in July. She has ongoing pain. Dr. wants to perform trigger point injections.

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

Dr. examined her on 7/12/10 and found “diffuse ropiness and tenderness in her left rhomboids, upper trapezius and cervical paraspinals.” He felt she had myofascial pain and wishes to proceed with the trigger point injections before addressing her facet joint pain.

The ODG will permit trigger point injections in the presence of myofascial pain (not radicular pain) when used as “an adjunct rather than a primary form of treatment.” Dr. mentioned his plan to follow the injections with physical therapy. The ODG describes trigger points as a “hyperirritable foci located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Pain is generally reported on compression, with common evidence of characteristic referred pain.” Dr. did not describe this, but rather “ropiness.” As such, he did not describe the trigger points in a manner acceptable to the ODG. The IRO reviewer’s medical understanding, however, is that the Travell and Simons Myofascial pain/trigger point manual sometimes used the term “ropiness.” This was also used as a criteria to describe trigger points in a study in the Clinical Journal of Pain.

Further, the ODG clearly states that the trigger point injections are not appropriate with a radiculopathy being present, even by electrodiagnostic criteria. The electrodiagnostic study was interpreted as showing a radiculopathy based upon the presence of increased insertional activity in a bilateral C7 myotomal pattern. The ODG has requirements for the electrodiagnostic criteria for a radiculopathy. It requires the presence of fibrillation potentials and other spontaneous activity to be seen. These were not. Only prolonged insertional activity was described. Further, it was seen in the triceps, EDC, ECR. These are all innervated by the radial nerve (The long head can be innervated by the axillary nerve). An ODG criteria is that the findings must be found in muscles with the same nerve root, but a different peripheral nerve. Therefore, the diagnosis of radiculopathy was not established and cannot be used as a contraindication for a trigger point injections.

First, the presence of trigger points was documented. Second, there was no contraindication to the trigger point injections. Therefore the procedure can be justified as medically necessary.

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)