

SENT VIA EMAIL OR FAX ON  
Jul/28/2010

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/27/2010

**IRO CASE #:**

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

Trigger Point Injection

**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 6/6/10 and 6/23/10

Rehab 11/2/09 thru 7/6/10

Hospital 3/26/09 thru 8/31/09

DDEs 6/9/09, 7/27/09, 12/8/09

Electromyograph 2/2/09

MRIs 3/2/09 and 2/2/09

Letter attorney 6/17/10

Activity Notes 3/20/09 thru 6/23/10

249 pages from 1/19/2009 thru 7/15/2010

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured xx/xx/xx. She developed neck pain and back pain and knee pain. Radiological studies showed cervical stenosis with the greatest narrowing at C5/6 and slightly lesser at the adjacent levels. She has an L5/S1 HP with arthritic changes in the knee. She had a normal EMG. She underwent cervical ESIS on 3/26, 6/23 and 8/31/09 and a lumbar ESI on July 2009 followed by an L5 root block in August 2009. The hand written notes from Dr. note cervical and occipital pain and the need for occipital nerve blocks.

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

The hand written notes appear to request greater occipital nerve blocks, but the IRO reviewer was requested to review for trigger point injections. These require the presence of myofascial pain described as being discrete, with referred pain patterns and a twitch response. The IRO

reviewer did not see this described in the records. Without demonstration of the trigger points as per the ODG criteria, the request is not 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)