



791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165  
Ph 972-825-7231 Fax 972-775-8114

### **Notice of Independent Review Decision**

**DATE OF REVIEW:** 08/23/10

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of single or multiple trigger point injections to one or two muscles.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of single or multiple trigger point injections to one or two muscles.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Dr.

These records consist of the following (duplicate records are only listed from one source):  
Records reviewed from Dr.: 7/6/10 letter of clarification, follow up visit notes from 10/19/09 to 5/14/10, 6/15/10 letter of clarification, 12/29/09 operative report, 10/9/09 pain management procedure note, 9/9/09 addendum report and 5/8/09 PM consultation.

: 8/5/10 letter by, 6/10/10 denial letter, 6/21/10 denial letter, 6/21/10 peer to peer letter, 6/9/10 and 6/22/10 physician reviewer recommendation reports, 6/7/10 preauth request and 6/18/10 reconsideration request.

A copy of the ODG was not provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained work related injuries xx/xx/xx. She was evaluated and treated by D.C. This review is based upon clinical records that were generated in 2009 and 2010.

Dr. referred her for pain management consultation. She was seen by Dr. September 8, 2009. Dr. noted that the patient was injured at work in when she developed neck, wrist and elbow pain after repetitive work at. She had two years of physical therapy and subsequently went to surgery for bilateral carpal tunnel release in 2001, left cubital tunnel release in 2002, bilateral rotator cuff repair with open and arthroscopic procedures in 2003, and a cervical fusion from C5-C7 in 2004. Afterward, she had multiple trigger point injections. Dr. examination revealed tenderness over the cervical spine from C3 through C5 on the right, with myofascial pain over the right splenius capitis and the right upper trapezius. Dr. diagnosed the following:

- Chronic cervical neck pain since the date of her accident.
- Right C4-5 cervical facet arthropathy pain.
- Status post C5-6, C6-7 anterior cervical neck fusion.
- Chronic bilateral shoulder capsulitis syndrome.
- Bilateral deltoid bursitis and supraspinatus tendinitis pain.
- History of bilateral shoulder surgeries, bilateral carpal tunnel releases and left cubital tunnel release.

Dr. discussed diagnostic medial branch nerve blocks of the C4-5 facet joints. On September 9, 2009 Dr. recommended changing the Celebrex 200 milligrams once daily, because of the history of gastric bypass surgery. Soma, 350 milligrams at bedtime, was prescribed for treatment of muscle spasms. On October 9, 2009, , M.D. performed diagnostic right C4 and right C5 medial branch block with local anesthetic and steroid, with IV conscious sedation. The diagnosis was right C4-5 cervical facet arthropathy and facet syndrome status post C5-6 and C6-7 anterior cervical fusion, with cervical pain since the date of her accident.

On a pain management follow-up visit October 19, 2009 Dr. noted that the patient had excellent results with at least 80% pain relief from her diagnostic C4-C5 medial branch blocks on the right side. Dr. discussed the proposed radiofrequency procedure “which would give her good six months to a year of pain relief and recreate the pain relief she received from this injection”. On December 29, 2009 Dr., performed radiofrequency coagulation ablation of the right C4 medial and right C5 medial branch. On a pain management follow-up visit May 14, 2010, P.A. noted that over the last two weeks she had an increase in muscle spasms in her neck and upper back, right greater than left. Recommendation was made that she undergo trigger point injections. The patient stated that she had these about five years previously and did respond very well.

On June 7, 2010 Dr. submitted a preauthorization request for trigger point injections to the right splenius capitis and upper trapezius muscles with local anesthetic and steroid (CPT CODES: 20552, 20553). An adverse decision was submitted by, M.D. on June 8, 2010. Dr. submitted a request for reconsideration June 18, 2010, listing the diagnoses given at the time of the pain management consultation September 8, 2009 (as noted above). On June 21, 2010, peer-review was conducted by M.D., who rendered an adverse determination regarding the requested procedures, stating that there should be evidence of continued ongoing conservative treatment including home exercise and stretching. The denial was on the basis of lack of failure of conservative treatment.

On July 6, 2010 a letter of clarification was submitted by, P.A. for M.D., noting that she obtained very good relief from the right C4 had C5 medial branch coagulation ablation in December 2009, but that the patient had returned on May 14, 2010, reporting an increase in muscle spasms in her neck and her back on the right. She had been out of the Soma and-the Celebrex and these were refilled but due to the Soma being non-formulary this was changed to Flexeril 10 mg one po bid. Trigger point injections were requested but were denied. "Therefore at this time we are recommending that she follow-up with her treating doctor, Dr. for further evaluation and treatment options.

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

According to the ODG Integrated Treatment/Disability Duration Guidelines, Low Back Problems, Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic with or without steroid 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 [Reviewer's specific comments are in brackets]:

- (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain [trigger points were identified on physical examination];
- (2) Symptoms have persisted for more than three months [according to the follow-up visit records of May 14, 2010, the pain had recurred two weeks previously, around the first of May, 2010 a request for trigger point injections was submitted June 7, 2010];
- (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain [medications were mentioned, but no other medical management therapies were documented in the records submitted for review];
- (4) Radiculopathy is not present (by exam, imaging, or neuro-testing) [radiculopathy was essentially ruled out in the examination September 8, 2009] ;
- (5) Not 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 [patient had good results from injections five years ago];
- (7) Frequency should not be at an interval less than two months;
- (8) Trigger point injections 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 [no record of

conservative treatment other than oral medications was made available for this review. The letter of clarification July 6, 2010 does mention that Ms. was referred back to Dr. for further evaluation and treatment options];

(10) If pain persists after 2 or 3 injections, the treatment plan should be re-examined as this may indicate an incorrect 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. In summary, the submitted records do not provide documentation that criterion (9) has been met.

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

- ACOEM- AMERICAN 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)**