

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

20552 Trigger Point Injections 1-2

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/17/09, 1/15/10

2/10/10, 11/13/09, 12/14/09, 12/7/09, 12/10/09

Orthopaedics 11/16/09

M.D. 12/17/09

1/25/10

Dr. 11/19/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The patient complains of neck pain. Records indicate the patient "had little benefit from cervical facet joint injections." Physical exam shows "significant paraspinous muscle spasm involving semispinalis capitis bilaterally." The request dated 12/7/09 is for "diagnostic myofascial muscle injections under EMG guidance to determine whether he would be a candidate for Botulinum toxin A injection." The diagnosis on this date is "cervicogenic headaches myofascial in origin."

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

Per the ODG, trigger point injections are indicated if there is "Documentation of circumscribed

trigger points with evidence upon palpation of a twitch response as well as referred pain.” This is not documented. In addition, the records indicate that the purpose of the requested trigger point injections is to decide if a Botox injection is appropriate. Per the ODG, Botox injections are not indicated for “chronic neck pain or myofascial pain syndrome.” Since Botox injections are not appropriate based on this patient’s diagnosis, a diagnostic trigger point injection would not be indicated. The reviewer finds that medical necessity does not exist for 20552 Trigger Point Injections 1-2.

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)