

SENT VIA EMAIL OR FAX ON
Apr/27/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV upper extremities and trigger point injection trial

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 3/9/10 and 4/1/10
BHS 3/5/01
Consultants in Pain 3/5/08 thru 9/17/09
Dr. 6/28/08 thru 1/10/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xxxx and who underwent a C5/6 fusion in 2001. The IRO reviewer could not determine his symptoms prior to or immediately after surgery. He has ongoing lumbar pain not related directly to the current review. He reportedly had pain with relief following trigger point injections and Botox injections in 2007 in the bilateral infraspinatus, levator scapulae and upper trapezius region. The pain was described as non-radiating. Dr.

described sensory reduction in the left C6/7 dermatomes and a weakened grasp. Dr. first saw this man. He stated there was a “classic trigger point” in the left upper trapezius, but did not elaborate upon the description. He wrote of cervical dystonia being present. He felt there was CTS present. He described the sensory deficits in the left ring and little fingers, and positive Left Spurling and Tinel signs.

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

The ODG limits the value of electrodiagnostic studies to the differentiation of CTS from a cervical radiculopathy. He had the prior C5/6 fusion. It is possible this caused deterioration at the adjacent levels and the increased symptoms. The pain was not radiating in earlier notes, but became so over the past 2 years. The sensory deficits could be seen in CTS, but also with the C6/7 dermatomes with a radiculopathy. The IRO reviewer is not sure why the symptoms are now related to the C7/8 or ulnar distribution of the left fingers. Since the findings are largely sensory, Dr. feels it is CTS, which is not work-related. The nerve conduction studies are justified solely to separate the two issues, one work related and one not.

The second issue is the use of trigger point injections. The ODG does not justify them for radicular pain. Yet, he has a “classic” trigger point without verbal description. He did well with the procedure in the past. The IRO reviewer’s medical assessment is that this would justify the medical necessity of a repeat injection of the identified trigger point (using the ODG criteria of a trigger point.).

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)