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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical TPI done in office 20552 J3301

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

M.D., Board Certified Orthopedic Surgeon

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

01/11/08 office note

01/05/10 office notes of Dr. 04/07/10, 02/02/10, 04/27/10, 07/27/10

Cervical MRI report 08/06/10

Office notes of Dr. 09/21/0, 09/28/10, 10/10/10, 11/02/10

11/02/10 peer review

09/28/10 peer review

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post anterior cervical discectomy and fusion C4-6 in 2007. Dr. saw the claimant on xx/xx/xx for complaints of neck pain with radiation to the left shoulder. The claimant was using a TENS unit and Lidoderm patches. The MRI of the cervical spine from 08/06/10 revealed the C4, C5, and C6 fusion. Dr. evaluated the claimant on 09/21/10. The claimant reported increasing neck pain, spasm and stiffness. There was moderate tenderness to the bilateral paraspinal muscles, mild tenderness to palpation to the bilateral trapezius and bilateral rhomboids. Trigger points were noted. Diagnosis was cervical sprain and cervical enthesopathy. On 10/10/10, the claimant reported that the "triggers" seemed to help. Dr. saw the claimant on 11/02/10. The claimant reported stiffness and pain continue to worsen. Examination was unchanged. Dr. recommended physical therapy, trigger point injections and CT of the cervical spine.

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

The requested trigger point injections are not medically necessary based on the information reviewed. ODG may allow for trigger point injections with documentation of circumscribed trigger points and failure of conservative treatment.

Failure of conservative treatment includes physical therapy. The most recent records indicate recommendations for physical therapy on multiple occasions. However, it is unclear if the claimant has attempted physical therapy. Furthermore, there is no physical examination documented for the last three office visits. It is unclear therefore, whether this claimant has failed a full course of medical management based on the records reviewed. The claimant does not meet ODG for the request. The reviewer finds there is no medical necessity at this time for Cervical TPI done in office 20552 J3301.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapters neck and upper back and pain

Trigger point injections-Not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicgia

Pain chapter-Criteria for the use of TPIs (Trigger point injections)

TPIs with a local anesthetic 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: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) No 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; (7) Frequency should not be at an interval less than two months; (8) TPIs 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; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate 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.

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)