

SENT VIA EMAIL OR FAX ON
Apr/14/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trigger point injection right adductor tendon block@inguinal region

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

Board Certified Anesthesiologist/Pain Management

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

1. CT of lumbar spine with coronal and sagittal reconstruction dated 10/18/10
2. MRI of lumbar spine dated 11/08/10
3. MRI right thigh dated 11/08/10
4. EMG/NCV dated 01/31/11
5. Encounter notes Dr. M.D. dated 01/31/11 and 02/25/11
6. Utilization review for trigger point injection right adductor tendon block at inguinal region 02/08/11 Dr. M.D
7. Worker's compensation request information dated 03/04/11
8. Utilization review appeal trigger point injection right adductor tendon block at inguinal region dated 03/11/11
9. Facsimile cover sheet 03/29/11
10. Notice of assignment of Independent Review Organization dated 04/18/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. On this date the patient is reported to have slammed on brakes to avoid hitting a car in front of him causing his truck to hit the wall on the free way.

The patient underwent CT of lumbar spine with coronal and sagittal reconstruction on 10/18/10. Impression was that of mild multilevel degenerative disc disease; moderate right sided degenerative facet arthritis at L4-5; L5-S1 disc bulge and facet arthritis producing moderate right neural foraminal stenosis; mild right sided changes of degenerative sacroiliitis; and findings consistent with autosomal dominant polycystic kidney disease.

On 11/08/10 the patient underwent MRI of lumbar spine which revealed mild degenerative disc disease and mild degenerative facet arthritis. There was no evidence of disc displacement, spinal stenosis or neural foraminal stenosis. Bilateral renal findings partially imaged suggested polycystic kidney disease. On this same date the patient underwent MRI of the right thigh. This study revealed no pelvic, inguinal or thigh lesion demonstrated. There was abnormal right lateral femoral condyle noted.

On 01/31/11 the patient underwent EMG/NCV study of lower extremities which indicated absence of sensory

response may be consistent with sensory neuropathy; absence of peroneal F wave on right may be associated with axonal neuropathy versus and L5 radiculopathy; and absence of the tibial F wave on left may be associated with an S1 radiculopathy versus and L4 radiculopathy. Clinical correlation was suggested.

On the most recent clinic note dated 02/25/11 with Dr. the patient is reported to complain of thoracic/low back pain on the right radiating to the right inguinal / right thigh area and gluteal pain on the right radiating down the right inguinal to right knee. The patient appeared to be in pain during the exam. Current medications include Naproxen and Tramadol 50 mg tablets 1 every 6 hours as needed for pain. On physical examination straight leg lift is reported to be positive on the right at 60 degrees. He has decreased ROM of cervical spine, and has decreased strength and tone due to head and neck pain. The patient has tenderness in the right hip and adductor tendon at inguinal region. Range of motion of the hip is decreased due to pain on internal and external rotation. There is reported to be muscle atrophy on the right lower extremity. Thoracic spine range of motion is decreased with pain. There is normal spinal alignment without deformity. Muscle spasms, stiffness, tenderness are noted at midline at bilateral facet joint levels from L4-S1, at bilateral paravertebral levels L4-S1 and right sciatic notch. Reflexes are 2/4 throughout. Sensation is decreased in right L4 dermatome. Strength is decreased in lower extremities and within normal limits throughout the upper extremities. The patient is recommended to undergo Trigger point injection right adductor tendon block at inguinal region

The request for trigger point injection right adductor tendon block at inguinal region was reviewed on 02/08/11 by Dr. who non-certified the request. Dr. indicated the documentation indicates the patient has tenderness at the right abductor tendon. There is a lack of positive physical examination findings of trigger point with positive jump sign. As such, he indicated the clinical documentation provided does not support the certification of the request at this time.

An appeal request for trigger point injection right adductor tendon block at inguinal region was reviewed and non-certified on 03/11/11 by Dr. Dr. indicated there was failure of objective physical identification of circumscribed trigger points upon palpation of a twitch response as well as referred pain. Failure to respond to recommended conservative treatments such as oral pharmacotherapy or rehabilitation was not objectively documented through VAS pain scales and PT progress reports. Based on these grounds, the medical necessity of the requested service was not established.

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

Based on the clinical information provided, the request for trigger point injection right adductor tendon block at inguinal region is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish the presence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, as required by the Official Disability Guidelines. The submitted records fail to establish that the patient has exhausted lower levels of care. Given the current clinical data, the request for trigger point injection right adductor tendon block at inguinal region is not indicated as medically necessary, and the two previous denials are upheld.

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)