



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



### Amended Decision

**Original date: 03/30/2011**  
**Amended date: 03/31/2011**

### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 03/30/2011 Amended: 03/31/2011**

**IRO CASE #:**

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

Trigger point injections (20552 & 77003) for treatment to the lumbar spine

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment 03/14/2011
2. Notice of assignment to URA 02/28/2011 03/14/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 03/11/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 02/28/2011
6. Letter 03/10/2011, peer review 03/10/2011, letter 03/08/2011, 04/17/2011, peer review 02/26/2011, prior auth rqst 02/14/2011, letter 12/27/2010, peer review 12/23/2010, medicals 01/26/2011, 12/08/2010, 11/23/2010, 11/02/2010, 10/20/2010, 10/07/2010, 10/01/2010, 09/29/2010,
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**



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Claimant has an injury date of XX/XX/XXXX. The patient has a history of low back pain that radiates into the right leg. On physical exam, there is tenderness and spasm in the low back. Pain is 6-8 on a scale of 0-10. Patient has been treated in the past with medications, physical therapy, intrathecal pump, and surgery. Therefore, patient has a diagnosis of failed back syndrome. Patient is on Norco and fentanyl. Review request is for trigger point injections (20552 & 77003) for treatment to the lumbar spine.

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

Referring to the Official Disability Guidelines' chapter on pain, under trigger-point injection, it states that there must be circumscribed trigger points that are documented with a twitch response. The documentation reviewed along with the ODG guidelines does not support the requested trigger point injections (20552 & 77003) for treatment to the lumbar spine; therefore, the insurer's decision to deny is upheld.

### **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 KNOWLEDGBASE
- 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)