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Notice of Independent Review Decision

DATE OF REVIEW: 2/3/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a trigger point injection: lumbar/thoracic (20552, 20553).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a trigger point injection: lumbar/thoracic (20552, 20553).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr and Provider

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr: Follow-up Notes – 7/26/XX-12/6/XX, Initial Pain Evaluation report – 6/29/XX; and Lumbar MRI – 10/16/XX.

Records reviewed from Provider: DWC69 – 4/5/XX; DDE report – 4/5/XX; Pre-auth request – 12/8/XX; Pre-auth request – 11/9/XX; and IRO report – 10/7/XX.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves an injured worker with a work related injury to the lower back on XX/XX/XXXX while working. According to Dr's note, when sorting some items over her head, she noted a pop in her mid-thoracic and lumbar regions. Initially diagnosed as sprain/strain of the thoracic spine, lumbar spine, and muscle spasm, she had primary care including medications and physical therapy, without any appreciable improvement. On April 5, 20XX a Designated Doctor Evaluation was conducted wherein the injured worker was found to be at MMI with a whole person impairment rating of 5%.

At the request of M.D. the injured worker was seen June 29, 20XX by D.O. at clinic for initial pain evaluation and treatment. The listed chief complaint was chronic, persistent mid thoracic, right lumbar, right lateral leg pain associated with occasional numbness and weakness. Dr. diagnosed chronic myofascial pain syndrome of the cervical, mid thoracic, and lumbar regions, mild to moderate reactive depression, not ruling out fibromyalgia pain syndrome or lumbar radiculopathy. Treatment included medications (Savella and clonazepam to help with headaches and muscle relaxation as well. Lyrica was adjusted, to 150 mg 2 times per day. Dr. discussed diet and exercise. "It is important that [the injured worker] begin both these appropriate for this pain condition. Smoking cessation as well will be encouraged. Once satisfactory lifestyle adjustments and medication stabilization has been achieved, then consideration for trigger point injection versus epidural blockade will be made".

On July 26, 20XX Dr. noted that the injured worker was feeling better after treatment with Savella 50 milligrams twice daily, but was not sleeping. "At this point we are going to recommend lumbar epidural blockade". On August 4, 20XX Dr. injected trigger points to the right and left interscapular regions and rhomboid regions. He was awaiting authorization for epidural steroid injections. On August 30, 20XX, approval had not been secured for the proposed injections. Dr. offered counseling and recommended Lyrica 150 milligrams three times daily. The epidural steroid injections were non-authorized. The initial adverse determination was upheld on appeal October 7, 20XX.

On November 3, 20XX Dr. noted the following: "We will try and get approval for thoracic trigger injection therapy as her ESI has been denied" a preauthorization request for thoracic trigger point injections was submitted November 19, 20XX.

On the follow-up note December 6, 20XX Dr. noted that the injured worker had responded to the initial trigger point injection (presumably these were the injections administered August 4, 20XX to the interscapular regions and rhomboid regions). The injured worker was now off narcotics and was more functional and more active. She was taking Savella, Lyrica and clonazepam. On physical examination Dr. noted "trigger point tenderness throughout the lumbar and thoracic areas. These areas have responded favorably to injection treatment times one". On December 8, 20XX Dr. submitted a request for reconsideration regarding the non-authorized proposed trigger point injections. The following diagnostic study was performed:

2009/XX/15 MRI of the lumbar spine

Impression: (1)The L5 - S1 disk is dehydrated. 1.6 mm generalized disk bulge projects across the L5 - S1 disk space. (2) Lumbar spine is otherwise normal. No spinal stenosis or intraspinal mass is present.

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

According to the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), updated 01/14/11, Criteria for the use of Trigger point injections:

- Trigger point injections (TPIs) are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality.
- 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;
- There should be evidence of continued ongoing conservative treatment including home exercise and stretching.

On June 29, 20XX Dr. instituted comprehensive treatment for the myofascial pain syndrome, awaited the results of the medications and lifestyle changes, and eventually proposed trigger point injections as an adjunct form of treatment. Although subsequent documentation did not specifically document "greater than 50% pain relief" lasting longer than six weeks after the first injections or that there was "ongoing conservative treatment including home exercise and stretching", the following information is obtained from the submitted records:

- The successful trigger point injections administered August 4, 20XX were only to the thoracic region, because authorization had not yet been secured for injection of lumbar trigger points.
- The injured worker did respond well to the initial trigger point injections. Dr. noted on December 6, 20XX that the injured worker was now off narcotics, was more functional and more active. She was taking Savella, Lyrica and clonazepam. On physical examination Dr. again identified

thoracic and lumbar trigger point areas and stated that “these areas have responded favorably to injection treatment times one”.

In conclusion, although there is no specific documentation that 50 percent pain relief was obtained for six weeks after the initial injection or that a home exercise and stretching program was in progress, there is documentation that the initial injection to the thoracic trigger points was successful. There is documentation that the lumbar trigger point injections have not been done yet. The criteria for initial injection to the lumbar trigger points have been met. Criteria for reinjection of the thoracic trigger points have largely been met, although documentation of the results does not conform completely to the specific format listed in the ODG Guidelines. (References obtained from the ODG Guidelines are included below) However, the reviewer states that both of the procedures are medically necessary at this time based upon his medical experience, medical opinion and the patient’s very favorable reaction to the initial treatment.

REFERENCES FROM THE ODG GUIDELINES

According to the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), updated 01/14/11,

Trigger point injections (TPIs) are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of Trigger point injections:

Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS);
5. Not 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. Trigger point injections 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- AMERICAN 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)**