

MAXIMUS Federal Services, Inc.  
11000 Olson Drive, Suite 200  
Rancho Cordova, CA 95670  
Tel: [800] 470-4075 Š Fax: [916] 364-8134

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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** February 7, 2011

**IRO CASE #:**

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

Trigger Point Injection Cervical x 4 (CPT Codes 20550 x 4, 99144, 99145, A4550, A4649).

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

**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 requested service, Trigger Point Injection Cervical x 4 (CPT Codes 20550 x 4, 99144, 99145, A4550, A4649), is medically necessary for treatment of this patient.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A review of the record indicates the patient is a female who sustained an on the job injury on xx/xx/xx when she slipped and fell. The patient has a history of neck and shoulder pain. The patient's provider indicates the patient has been taking Tylenol, Celebrex, amitriptyline and tramadol. On 12/17/10, the provider indicated the patient has attended rehab for a total of 12 visits in November and December. The provider states the patient's pain level has remained at a 6-7 level on a scale of 0 to 10. The patient has been assessed with pain in the neck and shoulder region and myofascial pain syndrome in the cervical paraspinal region. The provider states that due to failure of more conservative care including medications and a home exercise and stretching program, trigger point injections are medically necessary and consistent with Official Disability Guidelines (ODG). The URA indicated the requested service (Trigger Point Injection Cervical x 4 (CPT Codes 20550 x 4, 99144, 99145, A4550, A4649 is not medically necessary. Specifically, the URA stated there were no available formal therapy reports to validate that the patient had sufficient therapy prior to the proposed trigger point injections and would be unlikely to benefit from continuation of physical therapy. In addition, the URA indicated physical examination did not include testing for Spurling sign or a dermatomal evaluation of sensory deficits to objectively rule out cervical radiculopathy on examination.

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

Upon review of the submitted evidence, I have determined the requested service, Trigger Point Injection Cervical x 4 (CPT Codes 20550 x 4, 99144, 99145, A4550, A4649), is medically necessary for this patient. Based on the documentation provided, the patient meets ODG criteria for trigger point injections. According to ODG, trigger point injections are recommended for the treatment of neck pain with myofascial pain syndrome for patients who meet criteria. In applying the ODG criteria in this case, the patient has had an appropriate amount of conservative therapy prior to consideration of injection therapy. The patient had tried medications and a home exercise and stretching program without success. Medical management has failed to control pain. In addition, the patient's pain has persisted beyond three months. All told, the patient meets ODG criteria for trigger point injections, and as such, the requested service is medically indicated and necessary.

**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 GUIDELINESS (PROVIDE A DESCRIPTION)