



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 01/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One visit for four trigger point injections

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management with over 23 years of active and current experience in the practice of pain management, Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Medicine

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Progress notes from Dr. from 09/11/08 through 12/26/10
2. Progress notes from Dr. from 01/21/09 through 05/04/09
3. Peer Review by Dr. dated 11/02/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

According to the documentation I have reviewed, this claimant was injured on xx/xx/xx while carrying buffers on stairs, developing low back pain. He subsequently underwent L5/S1 pedicle screw fusion, but that date was not provided. The claimant then subsequently developed post laminectomy syndrome.

According to Dr. 11/02/09 Peer Review the claimant underwent replacement of a spinal cord stimulator implanted pulse generator on 05/17/04. The original implantation date was not provided.

Seventeen months later Dr. replaced the same internalized pulse generator of the spinal cord stimulator system.

Nineteen months later on 07/25/07, Dr. replaced the implanted pulse generator of the spinal cord stimulator system.

On 09/11/08 Dr. followed up with the claimant for his lower back and lower extremity pain for complaints of increased pain and muscle spasm. Physical examination documented trigger point tenderness in the quadratus lumborum, gluteus maximus, and gluteus medius with nonspecific decreased lumbar range of motion. Dr. then performed six trigger point injections on 09/24/08 with intravenous sedation.

On 09/26/08 Dr. performed a Peer Review on the claimant, recommending against any further interventional pain management.

On 11/18/08 Dr. followed up with the claimant, two months after performing trigger point injections. The claimant still complained of the same lower back and lower extremity symptoms. Physical examination documented minimal tenderness to the low back and gluteal region. The spinal cord stimulator system was analyzed and noted to be functioning properly.

On 01/21/09 Dr. followed up with the claimant for his low back and right lower extremity pain, which Dr. described as a continued moderate degree of pain. Straight leg raising test was positive on the right with diffuse muscle pain to palpation of the right calf and right quadratus lumborum trigger points. Dr. recommended home exercise.

On 03/09/09 Dr. followed up with the claimant for the same pain complaints and continuing back and right leg and calf pain. The claimant was said to be "managing as best he can with his home exercise program." Physical examination was the same, and Dr. again recommended home exercises.

Twelve days later Dr. saw the claimant on 03/17/09 for the same pain complaints. No physical examination findings were documented, and the spinal cord stimulator was analyzed and noted to be used only 44% of the time.

Six weeks later Dr. followed up with the claimant for the same low back and right lower extremity complaints, documenting exactly the same findings as before with diffuse lumbar tenderness, positive right straight leg raise, and diffuse muscle pain in the right calf.

Two weeks later on 05/19/09 Dr. followed up with the claimant who stated that the spinal cord stimulator system had ceased to work. Analysis indicated the battery had reached its end of life, and Dr. recommended its replacement.

On xx/xx, two years after the last spinal cord stimulator replacement, Dr. replaced the internal pulse generator with a rechargeable battery.

Dr. then followed up with the claimant on 08/18/09, one month after battery replacement, noting the same low back and lower extremity complaints and no abnormal physical examination findings.

On 11/02/09 Dr. performed a Peer Review of the claimant's medical records. He noted the claimant had a working diagnosis of failed back surgery syndrome and was status post replacement of the spinal cord stimulator generator for chronic pain syndrome. He recommended reprogramming of the spinal cord stimulator only if there were changes in the patient's clinical condition and response to the stimulator, but did not recommend any further diagnostic studies. He also cited ODG Guidelines recommending against trigger point injections as not being medically necessary for an injury "over eighteen years old."

On 12/01/09 Dr. followed up with the claimant, noting "some increased pain." No physical examination findings were documented, and Dr. performed what he termed a "trigger point injection" with Toradol 60 mg which appears to have been nothing more than an intramuscular injection of Toradol.

Four months later on 04/06/10, Dr. followed up with the claimant for his "intermittent pain and discomfort." He again documented nothing more than nonspecific lumbar and gluteus tenderness.

Four months later on 08/19/10 Dr. noted the claimant's continuing "intermittent pain and discomfort" and the same nonspecific lumbar and gluteal tenderness. He again performed intramuscular injection with Toradol.

Four months later on 12/14/10 Dr. followed up with the claimant, noting the claimant was working five hours a week and "he has had an acute exacerbation of his pain." He complained of increased pain and lumbar stiffness. Physical examination documented tenderness to the quadratus lumborum, gluteus maximum, and gluteus medius muscles bilaterally with twitch response and referred pain noted, but no specific distribution of that referred pain. Dr. recommended trigger point injections and provided hydrocodone.

On 12/17/10 an initial evaluation by a physician adviser recommended against certification for trigger point injections, noting that "clinical data presented has not documented consistent and sustainable therapeutic benefit" from prior trigger point injections.

On 12/27/10 Dr. wrote a letter of rebuttal against the denial for the requested trigger point injections. He restated the physical examination findings from the previous visit and

cited ODG Guidelines. He noted the trigger point injections were being performed “to decrease the pain” and that the goal of trigger point therapy was not only pain relief but also to “facilitate participation in an active rehabilitation program and restoration of functional capacity.”

A second physician adviser reviewed the case on 01/03/11, also recommending nonauthorization of the request for trigger point injections, citing lack of clarity as to “specific functional outcomes” from previous injections.

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

According to Dr. note of 12/14/10, the claimant had “an acute exacerbation of his pain.” Although Dr. indicated the claimant was doing home exercise and stretching, there is no specific objective evidence of what, if any, home exercises or stretching the claimant was doing. Moreover, there was no attempt by Dr. to provide the claimant with a prescription for formal active rehabilitation and physical therapy to treat the “acute exacerbation of his pain.” In a work injury nineteen-and-a-half years old, there is no medical reason or necessity for performing trigger point injections without the claimant first exhausting documented supervised conservative treatment. Moreover, Dr. and Dr. clearly and repeatedly documented the claimant’s complaints of both low back and lower extremity symptoms, with Dr. documenting that the claimant had radiculopathy. According to ODG Treatment Guidelines, trigger point injections are not medically reasonable or necessary nor are they recommended in the presence of radiculopathy or radicular symptoms. Moreover, trigger point injections are not recommended in the absence of “myofascial pain syndrome” which is defined in ODG Treatment Guidelines as including criteria such as greater than three months of symptoms, circumscribed trigger points with referred pain, failure of conservative treatment, and lack of radiculopathy. ODG Guidelines also do not recommend trigger point injections unless more than 50% relief with reduced medication use was obtained for six weeks after previous such injections. Therefore, according to ODG criteria, the request for one set of four trigger point injections by Dr. is not medically reasonable or necessary nor supported by ODG Treatment Guidelines.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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.
- X Medical judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)