



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a right supraspinatus muscle / rhomboid muscle trigger point injection (20552, 99144, 77003).

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 right supraspinatus muscle / rhomboid muscle trigger point injection (20552, 99144, 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

This worker was injured on xx/xx/xx while pushing a 300+ pound cart up a ramp. He noted the abrupt onset of neck and right upper extremity pain. He was evaluated at.

In his report, Dr. describes neck and right upper extremity complaints. His physical examination demonstrated trigger points at the right scapula with restricted motion of the scapula and good shoulder motion. Dr. stated that with forward flexion, there was severe pain in the supraspinatus and trapezius musculature. He noted that there had been some improvement with therapy and that the injured worker had received six physical therapy sessions. Dr. recommended continuation of physical therapy twice a week for four weeks, trigger point injections, and electrodiagnostic studies to rule out radiculopathy. He stated that the radicular symptoms were “probably referral pain from trigger points.”

A physical therapy evaluation performed on April 18, 2011 reported that the worker had multiple trigger points with “cause/referral to the right upper extremity.” A diagnosis of cervical strain and sprain with suspected radiculitis of the right upper extremity was made. Right upper quarter trigger points with right upper extremity referral were also described. Deep tendon reflexes were said to be negative, sensation intact, and there was no evidence of atrophy or focal weakness.

On April 28, 2011, the worker was evaluated by M.D. Dr. described “tenderness to palpation along the medial border of his right scapula, the supraspinatus, and the trapezius muscles.” She diagnosed a cervical strain syndrome and recommended right trapezius, supraspinatus, and rhomboid injections with intravenous sedation.

A physical therapy progress note dated May 16, 2011 indicated that the injured worker’s pain had decreased 50% and there was also a description of “decreased right upper extremity paresthesias.” The physical therapist reported that the injured worker was awaiting trigger point injections and electrodiagnostic studies. Persisting trigger points were described.

On April 20, 2011, there was a notice of adverse determination to a request for trigger point injections under intravenous sedation. The reviewing physician noted that there was failure to document the presence of circumscribed trigger points with positive twitch responses that had been persistent for more than three months. The reviewer also noted lack of documentation of failure of adequate and appropriate modalities to resolve the injured worker’s symptoms.

On May 23, 2011, Dr. her report to state that the injured worker had a diagnosis of myofascial pain and that intravenous sedation for the trigger point injections was requested because the injured worker had a “fear of needles.”

On May 24, 2011, M.D. performed electrodiagnostic studies which demonstrated

no evidence of cervical radiculopathy.

On June 16, 2011, there was a notification of adverse reconsideration determination. The reviewer stated “I am only inclined to recommend trigger point injections after they have ruled out a radiculopathy.”

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

According to available medical records, this worker was injured on while pushing a heavy cart up a ramp. He injured his neck and right shoulder. Diagnoses presented in the medical record included cervical strain syndrome, cervical strain or sprain with suspected radiculitis of the right upper extremity, and upper quarter right trigger points with right upper extremity referral.

Three medical practitioners including two physicians and a physical therapist have documented the presence of trigger point. Dr. reports “on my examination today, he has trigger points along the medial border of his right scapula.” The physical therapist on April 18 described “multiple trigger points with referral to the right upper extremity.” Dr. reported “tenderness the patient along the medial border of the right scapula, the supraspinatus, and the trapezius muscles.” She further stated that the injured worker had trigger points and myofascial pain.

According to ODG Treatment Guidelines, trigger point injections may be recommended for the treatment of neck pain with myofascial pain syndrome when there is documentation of trigger points which have persisted for more than three months, medical management failure to control pain, and absence of radiculopathy. Although there is no actual description of a twitch response with palpation of the trigger points, clearly, the three medical practitioners who have been involved in this injured worker’s care have diagnosed trigger points and myofascial pain has also been diagnosed. The symptoms have been present for longer than three months. Medical management including physical therapy and medications has improved the situation by 40% but has not resolved the pain. Electrodiagnostic studies done since the last adverse determination clearly document that radiculopathy is not present. Therefore, the requested treatment is medically 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 GUIDELINES (PROVIDE A DESCRIPTION)**

