

# Prime 400 LLC

An Independent Review Organization  
240 Commercial Street, Suite D  
Nevada City, CA 95959  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** July/02/2011

**IRO CASE #:**

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

Trigger Point Injection CPT 20553, J3490, J3301, A4550

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

MD, Board Certified in Anesthesiology and Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female who is reported to have sustained work related injuries on xx/xx/xx. On this date she is reported to have fallen at work landing on her left side. She noted a sudden pull and pop in her neck. She has had multiple pain treatment regimens, drug therapies and seen numerous doctors. She subsequently came under the care of Dr. on 10/30/06. Her current medications at this time include cyclobenzaprine, Effexor 150mg, Hydrocodone 5mg two to three tablets per day, Gabapentin 300mg three times per day and Ambien at night. Her past surgical history includes left shoulder surgery. On physical examination she is noted to have a depressed mood and constricted affect. She has decreased knee range of motion with myofascial trigger point tenderness in the cervical and upper back areas. She has no pseudomotor or vasomotor changes noted. Pin prick sensation is preserved. She has decreased range of motion throughout the cervical spine. She was diagnosed with chronic neck pain syndrome with persistent myofascial pain syndrome, cannot rule out intervertebral disc with cervical radiculopathy. She has moderate to severe reactive depression and generalized body pain and myofascial pain syndrome involving the lumbar spine. She subsequently was provided the medications Effexor, Vicodin ES and Klonopin. Her Neurontin was increased and she was provided range of motion exercises. Records indicate that the injured employee was routinely seen in follow up by Dr.. She underwent imaging of the cervical spine on 10/25/01. This study notes disc desiccation at C5-6 with a 2-3mm central disc herniation at C5-6 and an annular bulge at C6-7. Records indicate that on 03/22/10 the injured employee underwent a series of trigger point injections in the neck and upper back area as well as the lumbar area. She was subsequently seen in follow up on 04/19/10 and reported to have trigger points throughout her neck and posterior upper back area. She was later recommended to undergo cervical epidural steroid injections. Records indicate that the injured employee was largely maintained on oral medications. Serial clinical records do not indicate that the injured employee was approved for cervical epidural steroid injections. On 03/21/11 the injured employee underwent trigger point injections into the neck and upper back areas. She was

subsequently seen in follow up on 05/19/11.

It is reported that her pain complaints are effectively treated with myofascial trigger point injection therapy. She is reported to be more functional and active. She is reported to be taking Norco three to four times per day. She is noted to be using neuropathic pain medication Neurontin. She is reported to no longer require emergency room visits or other physician treatments. She is currently under a drug contract and her urine drug screen was consistent with her prescription profile. It's reported that as a result of trigger point injections in her neck and upper back she has 50% improvement. She subsequently is recommended to undergo additional trigger point injections. On 05/31/11 the request for trigger point injections was reviewed by Dr. who recommends upholding the initial adverse determination. He reports signs of myofascial pain syndrome are absent. Trigger point injections appear to be primary treatment aside from medications and not in adjunct to an evidence based physical rehabilitation program. He reports there is no clinical reason to suspect myofascial pain syndrome a decade after the original occupational injury claim. He notes that Official Disability Guidelines does not support trigger point injections for ongoing subjective criteria or ongoing subjective complaints and that Official Disability Guidelines criteria were not met.

An appeal request was reviewed by Dr. on 06/01/11. Dr. reports that the submitted clinical documentation lacks evidence of palpation of a twitch response as well as referred pain symptoms persisting for more than three months a failure of medical management therapies such as ongoing stretching exercises physical therapy or failure to control pain with the use of non-steroidal anti-inflammatories and muscle relaxants. He opines that the documentation does not substantiate the request at this time.

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

The request for Trigger Point Injection CPT 20553, J3490, J3301, A4550 is not supported as medically necessary by the submitted clinical information. The records indicate that the injured employee has chronic complaints of cervical myofascial pain. She has previously been documented as receiving trigger points on at least two separate occasions without clear quantification of patient response. The submitted clinical records do not provide adequate documentation establishing that there are circumscribed trigger points with evidence of a twitch response and referred pain. Further these clinical notes do not provide sufficient data regarding medical management therapies to include stretching exercises, physical therapy NSAIDs and muscle relaxants. There is no clear evidence that a comorbid radiculopathy is not present and there is no indication that the injured employee has achieved 50% pain relief with reduced medication use for a period of six weeks after each injection. Based upon the clinical information that was provided, there is insufficient data to establish that the injured employee would meet Official Disability Guidelines criteria. The reviewer finds there is not a medical necessity at this time for Trigger Point Injection CPT 20553, J3490, J3301, A4550.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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)