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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/13/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical paraspinal trigger point injections

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Cervical paraspinal trigger point injections - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the cervical spine was performed on 02/01/10 and interpreted by M.D. Evaluations with M.D. dated 03/15/10, 04/01/10, 04/08/10, 05/20/10, and 06/28/10

MRIs of both shoulders interpreted by M.D. dated 03/25/10

Procedure notes from Dr. dated 04/08/10, 05/07/10, and 06/14/10

Evaluations with D.O. dated 12/09/10, 01/13/11, and 03/09/11

MRIs of the thoracic and lumbar spines interpreted by M.D. dated 01/11/11

Evaluations with M.D. dated 02/21/11, 03/21/11, and 05/02/11

Surgery requests for cervical trigger point injections from Dr. dated 03/15/11 and 04/25/11

A letter of non-authorization for cervical paraspinal trigger point injections, according to the Official Disability Guidelines (ODG), from M.D. dated 03/22/11
A letter of non-authorization for cervical paraspinal trigger point injections, according to the ODG, from M.D. dated 04/04/11
A letter of appeal from Dr. dated 04/20/11
A withdrawal request for the cervical trigger point injection dated 04/29/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the cervical spine interpreted by Dr. on 02/01/10 showed small disc protrusions at C3-C4, C4-C5, and C5-C6. On 03/15/10, Dr. recommended Hydrocodone and Naprosyn. An MRI of the right shoulder interpreted by Dr. on 03/25/10 showed thinning and atrophy of the rotator cuff with a full thickness tear of the supraspinatus tendon, retraction of the musculoskeletal junction, and severe impingement of the subacromial space and rotator cuff. An MRI of the left shoulder interpreted by Dr. on 03/25/10 showed a previous rotator cuff repair with recurrent tear of the supraspinatus tendon with atrophy of the rotator cuff and retraction of the musculoskeletal junction, as well as moderate impingement upon the subacromial space and rotator cuff. On 04/08/10, Dr. performed bilateral suprascapular nerve blocks. A bilateral C5-C6 transforaminal epidural steroid injection (ESI) was performed by Dr. on 05/07/10. Another bilateral C5-C6 transforaminal ESI was performed by Dr. on 06/14/10. MRIs of the thoracic and lumbar spines interpreted by Dr. on 01/11/11 showed a small left paracentral disc protrusion at T3-T4, a small disc protrusion at T4-T5, and a small disc protrusion at L5-S1. On 01/13/11, Dr. recommended an EMG/NCV study of the right lower extremity, a C5-C6 facet injection, and continuation of Hydrocodone. On 03/15/11 and 04/25/11, Dr. submitted preauthorization requests for cervical paraspinal trigger point injections. On 03/15/11, Dr. wrote a letter of non-authorization for those injections. On 03/28/11, Dr. also wrote a letter of non-authorization for the injections. On 04/20/11, Dr. wrote a letter of appeal for the injections. On 04/29/11, it was noted the request for the injections had been withdrawn.

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

There is no objective evidence of any change to the body that was created at the time of the motor vehicle accident (MVA). The first Official Disability Guidelines (ODG) criteria for trigger point injections are documentation of circumscribed trigger points with evidence upon palpation or a twitch response, as well as referred pain. There does not appear to be any documented objective evidence of trigger points. While there is some palpatory tenderness, Dr. Brenman does not describe classic trigger points as required by the ODG. The ODG also notes trigger point injections are appropriate if medical management therapies, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatories, and muscle relaxants have failed to control the pain. It does not appear based on the documentation the patient is performing a home exercise program or has received physical therapy. Therefore, the requested cervical paraspinal trigger

point injection is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)