

Notice of Independent Review Decision

DATE OF REVIEW:

05/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right peri-scapular trigger point injection with myofascial release.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested right peri-scapular trigger point injection with myofascial release is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 05/06/11 letter, Network & Medical Operations, with attached response regarding disputed services
- 05/04/11 MCMC Referral
- 05/03/11 Notice Of Assignment Of Independent Review Organization DWC
- 05/03/11 Notice To MCMC, LLC Of Case Assignment DWC
- 05/02/11 Confirmation Of Receipt Of A Request For A Review, DWC
- 05/02/11 Request For A Review By An Independent Review Organization
- 04/22/11, 01/05/11, 10/15/10, 06/16/10 Results Reports, Ameritox
- 04/19/11 letter from Review Nurse
- 04/11/11, 04/06/11 Addendum, M.D., Institute
- 04/06/11 Peer-To-Peer, M.D., Institute
- 04/06/11 letter from Review Nurse
- 04/01/11 Patient Profile, Institute
- 03/29/11, 10/18/10, 09/16/10, 07/26/10 Followup, M.D., Institute
- 03/29/11 Script For Orders, Institute
- 03/29/11 handwritten chart note, Institute Rehabilitation Services
- 07/06/10 to 03/08/11 Follow Up Reports, M.D.

- 10/18/10 Physical Therapy Initial Evaluation, Institute
- 06/13/10, 09/28/10 Doctor's Written Order Form
- 11/03/09 Consultation, Institute
- 11/03/09 Radiology Report, Institute
- 09/15/09 letter from Institute
- 09/15/09 Radiology Report, Institute
- 09/14/05 to 02/03/11 Follow-Up Visits, M.D.
- 09/14/05 handwritten Upper Extremity EMG/NCV Report, M.D.
- 04/11/05 MRI cervical spine, Center
- Undated Patient Information sheet
- ODG Integrated Treatment/Disability Duration Guidelines for Neck and Upper Back (Acute & Chronic)
- ODG Integrated Treatment/Disability Duration Guidelines for Pain (Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx. The injured individual had two cervical surgeries. He is being treated by two different pain physicians and a neurologist for unrelated seizures. Dr., one pain physician, is giving him Opana and thinks the other pain physician is out of the picture. The other pain physician who is requesting trigger point injections (TPIs) does not know about Dr. and is giving the injured individual hydrocodone and claiming his TPIs done in 10/2010 allowed the injured individual to reduce this medication significantly. What he does not know is that since 10/2010 and even before, Dr. was prescribing Opana and the injured individual takes it twice daily along with Zanaflex, Neurontin, and Ultram.

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

The last exam that showed myofascial findings was in 09/2010. The injured individual has now only tenderness noted which is insufficient. The attending provider (MD) also claims the injured individual was able to reduce his medications for months after the TPIs. What this physician does not realize is that the injured individual is getting multiple other medications and another opiate from Dr. who has been treating him over the same period of time. Dr. did a urine drug screen that showed both oxycodone (prescribed by the TPI physician) and oxymorphone (prescribed by Dr.). He wrote that the injured individual claimed his old physician (TPI physician) had given it to him. The TPI physician knows nothing of this. Not only are TPIs not clinically or historically supported, but it would be appropriate for this injured individual to have an intervention and opiate readjustment with both his physicians reviewing his case.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Criteria for the use of TPIs (Trigger point injections):

TPIs with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred

pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) No more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) TPIs with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment.