

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

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## Notice of Independent Review Decision

**DATE OF REVIEW:** November 4, 2011

**IRO CASE #:**

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

Lumbar trigger point injections 20553 x 3, J3301, S0020, A4550

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

Board Certified, Diplomate American Board of Physical Medicine and Rehabilitation and Pain Medicine

**REVIEW OUTCOME**

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office visit (05/14/11)
- Diagnostic (05/11/10)
- Office visits (03/24/10 – 09/09/11)
- Utilization reviews (08/25/11 – 10/05/11)
- Utilization reviews (08/25/11 – 10/05/11)

[ODG has been utilized for the denials.](#)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was unloading a trailer on xx/xx/xx. While releasing a chain from a ramp it came down too fast. He caught it and the chain brought him down. The patient immediately heard a pop in his lower back.

**2010:** On March 24, 2010, the patient was evaluated by M.D., a pain management physician, for low back pain. Dr. noted the following treatment history. *The patient injured his back in 2002 and underwent IDET procedure and eventually a laminectomy and fusion at L5-S1 with Dr. in July 2003. He got about a year's relief from his low back pain and radicular symptoms from this fusion. The pain slowly increased and he was seen back in 2007 and was given*

*medications. X-rays of the lumbar spine showed a stable fusion at L5-S1, laminectomy at L5 with possibility of a herniation of the disc. The patient was treated with Ultram and Robaxin.* The patient reported tingling in the bilateral toes and stated that his leg did pull out from under him, right greater than left. He also complained of radiation to bilateral buttocks and aggravation of pain with walking, bending, forward lifting and cold weather. History was positive for L5-S1 fusion in 2003 and left second and third finger amputation in 2007. Examination of the lumbar spine revealed a 5-mm well-healed midline scar in the lumbar spine consistent with surgical history, decreased range of motion (ROM) of the lumbar spine, pain with anterior flexion at 30 degrees, pain with hyperextension and rotation bilaterally right greater than left, tenderness at L4-L5 and L5-S1 and pain in the facet joints at these levels bilaterally, right greater than left. Muscle spasm was noted in the paraspinals bilaterally. Dr. diagnosed postlaminectomy syndrome with continued bilateral radicular symptoms, possible herniated nucleus pulposus (HNP) at L5-S1, lumbar facet joint syndrome at L4-L5 and L5-S1 bilaterally (right greater than left) and continued low back pain with radicular symptoms in both lower extremities (right greater than left). He recommended lumbar epidural steroid injection (ESI).

M.D., evaluated the patient for low back pain and constant paresthesias in the right lower extremity. Dr. noted the patient had been recommended ESI which was denied. He diagnosed chronic pain syndrome, failed back surgery syndrome and bilateral lower extremity weakness more prominent on the right, and prescribed Ultram and Robaxin.

Computerized tomography (CT) scan of the lumbar spine revealed completed anterior fusion at L5-S1, moderate spondylosis change at L4-L5 with retrolisthesis and broad-based disc protrusion and osteophyte complex causing lateral recess stenosis bilaterally, facet hypertrophy contributing to this and laminectomy defect at L5 and S1 with enhancing scar in the defect.

In June and August, Dr. prescribed Naprosyn, Norco and Robaxin and released him from care.

**2011:** In February, M.D., evaluated the patient for very severe low back pain and moderately severe stiffness interfering with activities of daily living and sleep. Examination of the lumbar spine revealed ROM increasing symptomatology, ligament injury and inflammation of the lumbar spine with lumbar digital palpation eliciting pain, tenderness and soreness at L3-S1, lumbosacral muscle guarding from spasm, positive straight leg raise (SLR), and Braggard's test on the right, Gaenslen's maneuvers bilaterally and decreased ROM. Dr. diagnosed lumbar radiculitis/neuritis and deep and superficial muscle spasm and prescribed Voltaren XR and Soma.

In March, Dr. evaluated the patient and noted midline tenderness to the lower lumbar spine, bilateral L4-L5 and L5-S1 facet tenderness right greater than left, decreased sensation to pinwheel on the right L4, L5 and S1 dermatomes compared to the left. He diagnosed history of L5-S1 fusion, postlaminectomy syndrome with bilateral lower extremity radiculitis symptoms and lumbar facet joints and recommended interventional pain management procedures.

On follow-up, Dr. noted ongoing severe low back pain and stiffness. He diagnosed displacement of lumbar IVD, lumbar radiculitis/neuritis, superficial muscle spasms and backache. He refilled Voltaren and Zanaflex and referred the patient for chronic pain management.

M.D., a pain management physician, evaluated the patient for constant pain, numbness and tingling radiating across the back and frequent spasms in the back. Examination revealed definite loss of lordosis secondary to palpable spasms at the levels of L2 through L5, tenderness over the lumbar paraspinals, gluteus and pectoralis muscles with evidence of

myofascitis, hypertonicity with twitch response and pain elicited by patient with deep palpation over the paraspinal muscles, decreased ROM and mild pain with SLR. Dr. assessed myofascitis and requested trigger point injections (TPIs) to the paraspinal muscle groups.

From June through August, Dr. noted the spinal injections were not approved. He treated the patient with Voltaren XR, Lexapro and Zanaflex and referred the patient to Dr.

Per utilization review dated August 25, 2011, the request for lumbar TPIs x3 was denied with the following rationale: *"This is a request for lumbar TPIs. The patient is a 42-year-old male who sustained an injury last February 25, 2002. The patient experiences back pain. The records submitted for review did not contain a recent clinical assessment from a treating physician containing comprehensive objective findings, such as circumscribed trigger points with twitch response upon palpation and referred pain that substantiate the necessity of the requested procedure. Furthermore, there was no objective documentation of failure of trial of conservative treatment such as physical therapy and pharmacotherapy. Moreover, there is no indication that the requested procedure is part of an evidence-based rehabilitative plan aimed at restoration of function. As such, the medical necessity for this request for lumbar TPIs cannot be established at this point."*

On September 9, 2011, an unknown physician requested for lumbar discogram/CT.

Per reconsideration review dated October 5, 2011, the appeal for lumbar trigger point injections x3 was denied with the following rationale: *"The claimant had documented evidence of radiculopathy on physical examination in May 2011 including loss of reflex and decreased sensation in the associated dermatome to indicate a contraindication to performing trigger point injections per the guideline recommendations. No repeat injections are recommended unless greater than 50% pain relief is achieved with medications for six weeks after the initial injections was performed. No follow-up documentation was provided regarding the trigger point injections of May 14, 2011. Evaluation of August 2011 documented the claimant may be a candidate for repeat imaging and possible surgery. The claimant's current requested repeat injection for myofascial pain syndrome is not clinically warranted at this time."*

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

Patient has clear myofascial pain, trigger points on exam, and documentation supports use of TPI.

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

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
  
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**