

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/16/2011

**IRO CASE #:**

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

Bilateral lumbosacral injections L5-S1 trigger point injections 20550, 20551, 20552, and 20553

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

M.D., Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

Utilization review determination dated 08/15/11, 09/06/11

Letter dated 09/27/11, 06/03/11

Office visit note dated 08/11/10, 03/29/11

Operative report dated 01/22/09, 11/15/07, 03/08/07, 02/23/06, 08/11/03

Radiographic report dated 01/20/09, 11/15/07, 03/08/07, 08/11/03

Lumbar spine MRI dated 03/31/03

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xxxx. Treatment to date includes L4 to sacrum fusion in 1999, bilateral lateral fusion at L4-5 on 08/11/03, lumbar facet rhizotomies L4-5 and L5-S1 on 02/23/06, lumbar facet rhizotomy L2-3, L3-4 and L4-5 on 03/08/07, open capsulectomy and arthrodesis L5-S1 on 11/15/07 and removal of bilateral L5-S1 facet screws on 01/22/09. Follow up note dated 03/29/11 indicates that the patient complains of progressively worsening daily aching pain in his lumbosacral region. Letter dated 06/03/11 indicates that the patient has tenderness to palpation and the patient was recommended for trigger point injections.

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

This patient is noted to have undergone multiple procedures/surgeries; however, there is no comprehensive assessment of treatment completed since hardware removal on 01/22/09. There is no current, detailed physical examination submitted for review documenting circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the Official Disability Guidelines. Because this ODG criteria has not been satisfied, and based upon the submitted clinical information, the reviewer finds there is not a medical necessity at this time for Bilateral lumbosacral injections L5-S1 trigger point injections 20550, 20551, 20552, and 20553.



**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)