

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trigger point four injections for pain to the neck and back as outpatient

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

M.D., Board Certified Physical Medicine and Rehabilitation

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, Section: Pain

Notice of denial of preauthorization and reviews 07/15/11, 09/14/11

Exam notes 05/25/11, 01/04/11, 12/02/10, 08/31/11, 07/27/11, 05/24/10, 05/14/10, 11/16/09, 09/08/09, 07/13/09, 06/15/09, 02/16/09, 01/24/09, 10/20/08, 05/07/08, 04/14/08, 01/28/07, 09/17/08, 11/26/07

Notice of reconsideration 06/15/10, 10/27/09

Radiographic reports 04/29/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a woman whose date of injury is xx/xx/xxxx. The accepted compensable body parts are the neck and back. The patient has had extensive medical treatment including trigger point injections and numerous other injections. The patient has had extensive physical therapy, medications and other treatments. None of these have provided significant long-term curative or restorative benefit. The patient's provider has requested Trigger point four injections for pain to the neck and back as outpatient. On 07/15/11, this request was denied by the insurance company's reviewer who writes that the injections will not provide any significant long-term curative or restorative benefit. The request was again denied on 09/14/11. The insurance company's reviewer states that the provided documentation consists of handwritten notes indicating that the patient has chronic pain syndrome with myofascial pain, trapezius and paralumbar. By report trigger point injections helped, but there is no documentation as to how much and what types of improvements are noted. The reviewer has written that trigger point injections are non-curative and do not provide any significant long lasting benefit.

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

This woman sustained injuries in xx/xxxx. She has undergone extensive conservative treatment to include trigger point injections; however, the dates of these injections, the body part targeted and the patient's objective, functional response were not provided in the records made available for this review. There is no current, legible physical examination submitted for review to establish documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Based on the submitted documentation, the request does not conform to ODG criteria for this procedure. Therefore, the reviewer finds there is not a medical necessity at this time for Trigger point four injections for pain to the neck and back as outpatient.

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)