

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left psoas compartment plexus block with trigger point injections to the paraspinal injections to the paraspinal muscle under fluoroscopic guidance

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

MD, Board Certified Anesthesiologist

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

ODG

Request for IRO dated 08/23/11

Utilization review determination dated 08/10/11

Utilization review determination dated 08/18/11

Medical records Dr. dated 01/11/11-08/04/11

MRI lumbar spine dated 04/06/11

EMG/NCV study dated 06/29/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have suffered a work related injury on xx/xx/xxxx. She is under the care of Dr. Mechanism of injury is not described. On 01/11/11 she presented with acute exacerbation of symptoms. She complains of pain in low back, down left lower extremity, all the way to toes, as well as numbness and tingling in the right foot. She has been treated Soma which does not give her relief. On physical examination she has active reproducible trigger point tenderness in left gluteus maximus and gluteus medius. There are areas of hyperirritability when compressed causing hypersensitivity left greater than right. Gait is antalgic. She has limited range of motion. She is opined to have myofascial pain, left SI joint dysfunction, low back pain with radiculitis. She was recommended to undergo trigger point injections. On follow up it was reported that she received approximately 1 weeks relief with trigger point injections and that her pain returned to baseline. She was again reported to have active trigger points on physical examination. She is recommended to undergo repeat MRI of lumbar spine. She was continued on Flexeril, Baclofen and Celebrex. She was started on Zoloft 50 mg. She was recommended to undergo SI joint injection. The claimant was seen in follow-up on 04/19/11. She again complains of low back pain shooting down left lower extremity to bottom of the foot. MRI is

reported to show bulging disc at L4-5 and L5-S1. She is again reported to have specific areas of reproducible trigger points. The claimant was seen in follow-up on 05/26/11. She is pending approval and subsequently is to be referred for EMG/NCV. The claimant was seen in follow-up on 07/07/11. She is reported to have intermittent pain and discomfort in her back and left lower extremity. She is reported to have reproducible active trigger points. She was pending impairment rating and continued on oral medications.

On 08/04/11 the claimant is reported to have some evidence of left SI joint injections and iliopsoas muscle dysfunction with left sided radiculitis. She is reported to have pain with range of motion of the lumbar spine in all directions. She is recommended to undergo left psoas compartment plexus block with trigger point injections in paraspinal muscles.

The record includes MRI of lumbar spine dated 04/26/11 which shows degenerative disc disease with mild diffuse disc bulge at L4-5 with no neural foraminal stenosis or central canal stenosis with similar findings at L5-S1 with mild facet disease at both levels. The records include an EMG/NCV study dated 06/29/11 which is normal and shows no evidence of lumbar radiculopathy.

On 08/10/11 the initial review was performed by Dr. who non-certified the request and notes that the history and documentation provided do not objectively support the request for left psoas compartment plexus block with trigger point injections to the paraspinal muscles. He notes that there's no way to document myofascial pain of the psoas muscle, that this injection is typically reserved for anesthesia purposes, and that based on this the request is not certified as medically necessary. A subsequent appeal request was reviewed on 08/18/11. A telephonic consultation was performed. Dr. reported that the worker has had minimal care over the past year due to difficulties with authorization of injection procedures, that the worker had responded in the past to this combination of injections and is advocating deep paralumbar psoas plexus block as a sensory sympathetic blockade for pain relief. He reports that radiculitis has been documented in electrodiagnostic studies of 05/20/11. The reviewer Dr. notes that the previous reviewer cited the difficulty with identifying the presence and location of specific trigger points in this deep muscle to the extent that it leaves this mode of injection therapy without anatomical basis for localization and effective performance. Peer to peer discussion revealed the targets for the trigger point injections. He notes that review of the past submissions indicates that these injections have been provided in the past with limited duration of therapeutic benefit. He notes that injection therapies are not intended to represent primary treatment modalities but are provided as an adjuvant treatment to facilitate more active participation in functional recovery which has not occurred in the past. He notes lacking evidence of sustainable therapeutic benefit from prior injection procedures the medical necessity of another trial cannot be established.

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

The previous reviewers have carefully examined the clinical history and have noted the lack of response to previously provided interventional procedures. There is difficulty with localization and effective performance of these injections. Given the lack of sustained response to the previous injections, the guidelines have not been satisfied, and the previous utilization review determinations should be upheld. There is no medical necessity for Left psoas compartment plexus block with trigger point injections to the paraspinal injections to the paraspinal muscle under fluoroscopic guidance.

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)