SENT VIA EMAIL OR FAX ON
Jan/12/2012

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient trigger point injections to the left shoulder (3 or more muscles)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and Pain Medicine

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Cover sheet and working documents
Utilization review determination dated 12/07/11, 12/19/11, 08/05/11, 08/08/11, 02/08/11, 12/16/10, 09/01/10, 08/06/10, 01/14/10, 12/17/09, 12/15/09, 12/10/09
Updated interview and request for services dated 11/16/09
Operative report dated 08/11/10
Nurse's note dated 08/06/10
Peer review dated 11/30/10, 10/12/09, 06/05/08
Broken appointment dated 11/12/09, 08/14/08, 07/03/07, 06/21/07, 06/15/07
Letter of medical necessity dated 11/10/10, 09/21/09
Laboratory report dated 05/14/09, 06/09/08
Peer review referral forms
Follow up note dated 11/29/11, 08/01/1105/23/11, 03/24/11, 01/27/11, 12/09/10, 10/28/10, 08/25/10, 07/30/10, 07/15/10, 04/15/10, 11/16/09, 01/05/10, 11/16/09, 05/14/09, 02/18/09, 11/17/08, 06/09/08, 03/13/08, 11/29/07, 08/27/07
Handwritten progress notes dated 08/02/10

Designated doctor evaluation dated 10/13/10
MMT/ROM testing dated 03/24/11, 01/27/11, 05/14/09, 11/17/08, 06/09/08

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. On this date the patient was standing on a chair trying to put up a Christmas tree box weighing approximately 150 lbs on a top shelf. She slipped and as she tried to hold onto the shelf, the box slipped and struck her left shoulder. The earliest follow up note submitted for review is dated 08/27/07. The patient presents with chief complaint of left shoulder pain. Diagnosis is left shoulder impingement syndrome with trigger points. Follow up note dated 03/13/08 indicates that the patient was scheduled for trigger point injections x 4, but did not show for the procedure. Peer review dated 06/05/08 indicates that treatment to date includes diagnostic testing, physical therapy, cervical epidural steroid injections, trigger point injections, medication management. No further treatment is recommended as medically necessary. Peer review dated 10/12/09 indicates that the trigger point injections and radiofrequency neurolysis provided long term relief. Other procedures did not. Over the last year the pain is minimal. There is no indication for additional trigger point injections, radiofrequency ablations, cervical epidural steroid injection or cervical facet injections. The patient continued to be seen in follow up with complaints of neck and left shoulder pain. The patient underwent cervical epidural steroid injection at C7-T1 on 08/11/10 and reported 100% pain relief for one week. Designated doctor evaluation dated 10/13/10 reports diagnoses are cervical strain, thoracic strain and left arm and shoulder pain. Peer review dated 11/30/10 notes that the procedures requested and performed since the 10/12/09 peer review did not follow ODG. Specifically, the ODG criteria for establishing necessity for trigger point injections were not established, and therefore are not reasonable. There is no indication for continued treatment. Follow up note dated 08/01/11 indicates that the patient complains of achy, stabbing, constant pain to the left shoulder. On physical examination there is tenderness with trigger points over the left cervical paraspinal region at C4-5 trough C6-7 over sciatic notch. Follow up note dated 11/29/11 notes that the patient reports pain increases with range of motion of the upper extremities and pain decreases with over the counter medication. Indicates physical examination cervical interspinal and paraspinal has negative tenderness. Upper arm tenderness is negative. Cervical range of motion is painful and restricted. Spurling's sign is positive to the left. Bilateral upper extremity strength is 4/5. Tinel's and Phalen's are negative bilaterally.

Initial request for trigger point injections was non-certified on 12/07/11 noting that there is no documentation of circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain. Furthermore, results of previous trigger point injections are not documented. The denial was upheld on appeal dated 12/19/11 noting that there are no documented left shoulder trigger points to justify this request. The 11/29/11 physical examination finding of muscular tenderness is inadequate to medically support this request. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Based on the clinical information provided, the request for outpatient trigger point injections to the left shoulder (3 or more muscles) is not recommended as medically necessary, and the two previous denials are upheld. The most recent physical examination submitted for review dated 11/29/11 fails to establish the presence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the Official Disability Guidelines. Serial peer reviews note that no further treatment is indicated for this patient. Specifically, review dated 11/30/10 reports that the ODG criteria for establishing necessity for trigger point injections were not established, and therefore are not reasonable, and there is no indication for continued treatment. The submitted records indicate that the patient has undergone previous trigger point injections; however, the patient's objective,

functional response to these injections is not provided to establish efficacy of treatment.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)