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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: EMG upper ext and trigger point injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for EMG upper ext and trigger point injection is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 11/18/13, 10/08/13
Follow up note dated 11/18/13, 09/18/13, 07/17/13, 06/10/13, 05/03/13
Lab report dated 09/18/13
Radiographic report dated 02/15/13
Peer review dated 06/03/13
Designated doctor evaluation dated 07/12/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The patient tripped and fell, hitting her head against the wall. The patient was seen and diagnosed with a headache, cortex contusion, cervicalgia, sprain/train of the neck and injury to the head and neck. Per peer review dated 06/03/13, CT of the head was normal. The patient completed a course of physical therapy. The extent of injury is noted to be ecchymosis of the forehead and cervical sprain/strain. The sprain/strain would have resolved at the latest by 04/15/13. Per note dated 06/10/13, the patient was recommended for EMG/NCV of the upper extremities to evaluate the severity of the compromise of the radicular components and/or any permanent nerve damage. Designated doctor evaluation dated 07/12/13 indicates that the patient reached maximum medical improvement as of this date with 0% whole person impairment. Diagnoses are sprain of neck, cervicalgia, headache and postconcussion syndrome. Encounter note dated 09/18/13 indicates that the patient complains of cervical spine pain radiating to the upper back/shoulders. Medications are listed as Mobic and Gabapentin. On physical examination tone is normal.

Initial request for EMG upper ext and trigger point injections was non-certified on 10/08/13

noting that the clinical documentation submitted for review provides insufficient objective findings to support the requested EMG studies for the upper extremities or trigger point injections. The clinical records demonstrate no clear objective findings for myofascial pain. There are no obvious trigger points identified in any location that would reasonably require trigger point injections per guideline recommendations. Furthermore, the clinical documentation does not establish that the patient has had myofascial pain symptoms for more than 3 months that has failed conservative treatment. In regards to the requested EMG studies, no prior imaging studies including MRI of the cervical spine was provided for review identifying findings concerning for neurocompression.

The patient's physical examination findings were also unremarkable for any neurological deficits suggesting a possible cervical radiculopathy that would reasonably require further investigation with EMG studies. The denial was upheld on appeal dated 11/18/13 noting that the patient has already been placed at MMI with 0% impairment. There were no abnormal neurologic findings reported that would warrant any EMG of the upper extremities. There was no necessity for trigger point injections to be done with ultrasound guidance. This patient should be managed with her home exercise program. The rationale and necessity for these injections and EMG are not supported by the ODG.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and has been treated with a course of physical therapy. Per peer review dated 06/03/13, CT of the head was normal. The patient completed a course of physical therapy. The extent of injury is noted to be ecchymosis of the forehead and cervical sprain/strain. The sprain/strain would have resolved at the latest by 04/15/13. Designated doctor evaluation dated 07/12/13 indicates that the patient reached maximum medical improvement as of this date with 0% whole person impairment. Diagnoses are sprain of neck, cervicgia, headache and postconcussion syndrome. There are no significant physical examination findings provided to support EMG of the upper extremities. The submitted records fail to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the Official Disability Guidelines prior to the performance of trigger point injections. As such, it is the opinion of the reviewer that the request for EMG upper ext and trigger point injection is not recommended as medically necessary.

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)