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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/2/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient trigger point injections x 4 (back) thoracic spine and lumbar spine

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

Board Certified Family Practice

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 08/12/13, 09/25/13

Follow up note dated 10/22/13, 10/08/13, 09/24/13, 09/09/13, 08/22/13, 08/05/13, 07/30/13

Radiographic report dated 08/01/13

Designated doctor evaluation dated 08/16/13

Physical therapy discharge note dated 08/12/13

Physical therapy initial evaluation dated 08/07/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient was seen by a chiropractor for 9 sessions and was given adjustments to the neck, thoracic and lumbar spine with minimal improvement. Designated doctor evaluation dated 08/16/13 indicates that diagnoses are cervical, thoracic, lumbar and bilateral shoulder strain. The patient was determined not to have reached maximum medical improvement. Per note dated 09/09/13, the patient reports continued pain to the back and neck. On physical examination the neck is supple without enlargement. There is cervical spine point tenderness and thoracic spine point tenderness. Per note dated 10/22/13, the patient is still having neck and back discomfort.

Initial request for trigger point injections x 4 was non-certified on 08/12/13 noting that there was no documented twitch response as well as referred pain upon palpation, as defined by the guidelines. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation

program. Guidelines also state that there should be failure of medical management therapies to control pain. There was some improvement with pharmacotherapy based on the 08/05/13 report. In addition, guidelines recommend that there should be no more than 3-4 injections per session. The denial was upheld on appeal dated 09/25/13 noting that although there were multiple “tender points” and trigger points noted on physical examination, there was still no evidence upon palpation of a twitch response as well as referred pain (as per practice guidelines) seen in the updated medical reports.

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

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. There is no indication that ongoing medical management therapies have failed to control the patient’s pain. As such, it is the opinion of the reviewer that the request for Outpatient trigger point injections x 4 (back) thoracic spine and lumbar spine is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES