

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/14/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Trigger Point Injection at C6/7 X 3 Injection

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

Anesthesiologist  
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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical note dated 08/17/11  
MRI of the cervical spine dated 05/26/11  
Operative note dated 11/01/11  
Operative note dated 02/17/12  
CT scan of the cervical spine dated 08/02/12  
Clinical note dated 12/19/12  
Psychological evaluation dated 02/12/13  
Clinical note dated 04/23/13  
MRI of the lumbar spine dated 04/30/13  
Clinical note dated 05/14/13  
Clinical note dated 05/20/13  
Psychological evaluation dated 05/29/13  
Clinical note dated 06/12/13  
Clinical note dated 06/18/13  
Clinical note dated 07/10/13  
Clinical note dated 07/23/13  
Clinical note dated 08/23/13  
Adverse determinations dated 08/19/13 & 09/24/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his cervical region. The clinical note dated 08/17/11 indicates the patient complaining of neck and left arm pain. The patient rated the pain as 7-10/10 and described it as a stabbing and burning sensation. Spasms were noted at the neck and right shoulder blade. Tingling and numbness were noted in the left arm all the way to the hand. Weakness was also noted in the left upper extremity. The patient stated the initial injury occurred on xx/xx/xx when he felt a pop in his neck. The patient noted an immediate onset of neck and arm pain. The operative report dated 11/01/11 indicates the patient undergoing an epidural steroid injection at C3-4. The operative report dated 02/17/12 indicates the patient undergoing an anterior discectomy and decompression at C3-4 and C6-7. The CT scan of the cervical spine dated 08/02/12 revealed the anterior fusion at C3-4 and C6-7. Disc bulges were also noted at C4-5 and C5-6. The clinical note dated 11/14/12 indicated the patient complaining of neck and that was rated as 4/10. The patient described a burning and stabbing in the neck. Spasms were noted in the shoulder blades and the left side of the chest. Numbness and tingling were noted in the arms and hands, left greater than right. Pain was noted with facet loading. The patient was noted to have a positive Spurling's on bilaterally. The procedure note dated 11/14/12 indicated the patient having undergone tendon sheath injection in the cervical region. The clinical note dated 12/19/12 indicates the patient complaining of cervical region pain with radiating pain to the left upper extremity. The ultrasound report dated 12/19/12 revealed inflammation of the cervical paraspinals on both sides. The patient described the pain as 5-6/10 and was noted to be a constant stabbing and burning sensation in the neck. Spasms were noted at the trapezius and left shoulder blade. Tingling and numbness were noted in the arm all the way to the hand on the left. Tenderness was noted at the base of the head. The patient also reported occipital region headaches. The note indicates the patient having undergone physical therapy as well as pharmacological interventions. Range of motion limitations were noted throughout the cervical region. The patient was noted to have a positive Spurling's sign bilaterally. The clinical note dated 04/23/13 indicates the patient continuing with cervical region pain. The patient noted severe limitations on the left side of the body secondary to severe antalgia as well as decreased range of motion and weakness. Hypoesthesia was noted in the left C5, C6, and C7 distributions. 4/5 strength was noted throughout the cervical region. The clinical note dated 05/20/13 indicates the patient continuing with left hand numbness. The clinical note dated 06/10/13 indicated the patient complaining of cervicogenic headaches. The patient is noted to have utilized NSAIDs, muscle relaxants as well as Tramadol. The clinical note dated 07/10/13 indicates the patient continuing with 8-9/10 pain in the cervical region. The patient was also noted to have low back complaints as well. Tenderness was noted throughout the interscapular rhomboid and posterior cervical regions. Exquisite cervical facet tenderness was noted, left greater than right. Decreased range of motion was noted throughout the cervical region. Trigger points were noted at the trapezius intrascapular region. Decreased sensation was noted in the C5 and C6 distributions in the left arm. The clinical note dated 08/23/13 indicates the patient utilizing Tramadol, non-steroidal medications, and Tizanidine for ongoing pain relief. The clinical note dated 10/15/13 indicated the patient having undergone a urine drug screen which revealed no negative findings for illicit drug use. Trigger point tenderness was noted throughout the cervical and interscapular regions. The patient is undergoing a daily walking program.

The previous utilization review dated 08/19/13 resulted in a denial as no information was submitted regarding the duration of the patient's symptoms and no documentation was submitted regarding the patient's recent completion of conservative modalities.

The utilization review dated 09/24/13 resulted in a denial for trigger point injections as no information was submitted confirming the patient's completion of any conservative modalities. No documentation was submitted regarding a positive twitch response with referred pain upon palpation.

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

The documentation submitted for review elaborates the patient complaining of a long history of ongoing cervical region pain. Trigger point injections would be indicated provided the patient meets specific criteria to include completion of conservative treatments addressing the cervical complaints. There is mention in the clinical notes regarding previous involvement with conservative therapy. However, no documentation was submitted regarding any recent completion of conservative treatments addressing the cervical complaints. Additional documentation was submitted indicating the patient is completing a daily walking program. However, as no new information was submitted confirming a completion of a formal therapy program; therefore, the request is not indicated. As such, it is the opinion of this reviewer that the request for trigger point injections at C6-7 x 3 injections 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)