

# Core 400 LLC

An Independent Review Organization  
7000 N Mopac Expressway, Suite 200  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Mar/28/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right TPI glutes maximus injection  
20552 99144

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D. O. Board Certified 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 right TPI glutes maximus injection 20552 99144 is not recommended as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 01/10/13, 03/07/13  
MRI pelvis dated 08/27/12  
Office note dated 01/03/13, 12/03/12, 01/31/13, 11/14/12, 10/17/12, 01/23/13, 01/02/13, 09/19/12, 08/29/12, 08/20/12  
EMG/NCV dated 12/11/12  
Procedure note dated 12/20/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped and fell at work. He injured his right hip and right wrist. The patient was seen and diagnosed with contusion of hip and right wrist sprain. MRI of the bony pelvis dated 08/27/12 revealed soft tissue contusion within the subcutaneous tissues at midline posterior to the sacrum, but otherwise unremarkable MRI of the bony pelvis. Note dated 09/19/12 indicates that he has been attending physical therapy. The patient underwent trigger point injection of the right gluteus maximus and gluteus medius on 12/20/12. Follow up note dated 01/03/13 indicates that the patient reports 60% improvement of his pain. Follow up note dated 01/31/13 indicates that he had trigger point injections with 60% improvement of pain. On physical examination the patient is exquisitely tender over the right gluteus maximus muscle on the lateral side and gluteus medius is improved since last visit and is not as tender although he has some slight to moderate tenderness over the gluteus medius on that side.

Initial request for right TPI gluteus maximus injection 20552 99144 was non-certified on 01/10/13 noting that the clinical information submitted for review does not provide documentation of circumscribed trigger points with evidence upon palpation of a twitch

response as well as referred pain. While the patient indicated a 60% pain relief, the documentation submitted for review did not note the patient was able to reduce medication and that this relief in pain has lasted longer than 6 weeks as the injection was just performed on 12/20/12. The denial was upheld on appeal dated 03/07/13 noting that the clinical evidence submitted for review does not state what medications the patient is currently on or document the patient's response to the medication therapy. The clinical evidence does indicate the patient is participating in a home exercise program; however, there is no documentation of improvement. Physical therapy has been prescribed with the trigger point injection, but there is no indication the patient has begun sessions or the improvement the patient has had from the therapy. There continues to be lack of documentation of myofascial pain as evidenced by palpation of a twitch response as well as referred pain. There is no clinical evidence submitted for review that would indicate a reversal of the previous determination.

**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 subsequently underwent a course of physical therapy as well as trigger point injection on 12/20/12. The Official Disability Guidelines support trigger point injections only with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, which is not documented in this case. The Official Disability Guidelines support repeat trigger point injections with evidence of greater than 50% pain relief with reduced medication use for six weeks after an injection and there is documented evidence of functional improvement. The submitted records fail to provide sufficient documentation to satisfy this requirement. As such, it is the opinion of the reviewer that the request right TPI glutes maximus injection 20552 99144 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)