

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/08/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** trigger point injections-cervical-trapezius-interscapular

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

**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 trigger point injections-cervical-left trapezius-interscapular

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 01/30/13, 03/01/13  
Follow up note dated 02/13/13, 01/21/13, 08/09/05, 10/22/12, 07/16/12, 05/07/12, 04/09/12, 02/10/12, 01/23/12, 12/19/11, 09/19/11, 06/16/11, 05/19/11, 02/21/11, 11/22/10, 08/19/10  
Operative report dated 07/19/04  
Procedure note dated 06/05/12, 05/01/12  
TDI regulations  
Radiographic report dated 08/17/05, 07/20/04  
MRI lumbar spine dated 03/17/04  
Letter dated 03/18/13, 03/20/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The patient underwent C5-6 and C6-7 anterior cervical discectomy and C5-6 and C6-7 interbody arthrodesis with allograft on 07/19/2004. Note dated 08/09/05 indicates that the patient injured himself. The patient underwent a recent epidural steroid injection with fair result. Note dated 08/19/10 indicates that the patient is dejected and has been provided with counseling. Note dated 01/23/12 indicates that the patient reports significant relief with prior epidural blockade. The patient subsequently underwent cervical epidural steroid injection on 05/01/12 and 06/05/12. Follow up note dated 07/16/12 indicates that the patient noted significant reduction in pain for 24 to 48 hours. Further injection therapy will not be pursued at this time as the relief was not sustained. Follow up note dated 01/21/13 indicates that the patient complains of increased spasms and neck pain rated as 7-8/10. He has decreased neck range of motion. He has trigger point tenderness to left trapezius and interscapular regions. He does not have cervical radiculopathy. His jump signs reproduce his neck and upper back pain particularly in the trapezius areas and interscapular areas.

Initial request was non-certified on 01/30/13 noting that based on the diagnosis and the very chronic nature of the condition and the lack of any detailed discussion of prior trigger point injections or presence of trigger points in the past, according to ODG, the request is not medically necessary. Follow up note dated 02/13/13 indicates that the patient was never offered trigger injection therapy. The denial was upheld on appeal dated 03/01/13 noting that the Official Disability Guidelines recommend trigger point injections provided the claimant meets specific criteria to include findings of non-radicular pathology confirmed by x-rays. The most recent imaging studies submitted for this claimant are from 2005. Additionally, it is unclear if claimant completed a recent course of conservative therapy.

Given the lack of recent imaging studies confirming the claimant's lack of neurocompressive findings and taking into account the lack of recent completion of conservative measures, this request does not meet guideline recommendations.

**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 treatment to date includes surgical intervention and epidural steroid injections. The Official Disability Guidelines support trigger point injections when medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The submitted records fail to establish that the patient has undergone any recent active treatment. Throughout the submitted medical records, there is documentation of radiculopathy. There are no updated imaging studies/electrodiagnostic results provided to establish that the patient's radiculopathy has resolved. The Official Disability Guidelines supports trigger point injections only when radiculopathy is not present. As such, it is the opinion of the reviewer that the request for trigger point injections-cervical-trapezius-interscapular 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)