

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 12/21/12

IRO CASE #:

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

Texas licensed M.D. board certified in anesthesiology with added qualifications in pain medicine.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trigger point injection X 1, low back (20553)

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	20553		Prosp.						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- TDI case assignment.
- Letter of denial 11/02/12 & 11/07/12, including the criteria used in the denial.
- Treating doctor's evaluation and follow up visits: 09/05, 06/04, 04/30, 01/16/2012, 11/07/2011.

PATIENT CLINICAL HISTORY (SUMMARY):

This female sustained a back injury on xx/xx/xx. Epidural steroid injections have been performed. An MRI scan shows a small L4/L5 protrusion. She has had trigger point injections previously. At a 09/05/12 office visit, Dr. describes four to five weeks of 75% pain relief. Trigger point injections were performed on this date, and there is no notation as to efficacy.

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

ODG require evidence of a discrete trigger point, quick response, and referred pain on physical examination. This is not present. To repeat trigger point injections, there should be 50% pain relief for six weeks. This is also not documented. ODG are not met for the requested procedure.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
 AHCPR-Agency for Healthcare Research & Quality Guidelines

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- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)