



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: July 3, 2013

DATE OF REVIEW: 7/3/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Piriformis trigger-point muscle injection with fluoroscopy.

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

Texas State Licensed MD Board Certified Physical Medicine and Rehabilitation.

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment 6/17/2013,
2. Notice of assignment to URA 6/14/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 6/17/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 6/17/2013

Medical notes from physician 5/28/2013, letter to physician from insurance plan 5/17/2013, 4/29/2013, medical notes from physician 4/15/2013, pre-authorization department form 4/1/2013, response to denial letter from behavioral health associates 3/29/2013, letter from chiropractor 3/25/2013, discharge summary for chronic pain management program 3/6/2013, pre-authorization department form 3/1/2013, medical notes 2/26/2013, 2/25/2013, 2/22/2013, 2/21/2013, 2/19/2013, 2/15/2013, 2/14/2013, 2/13/2013, 2/12/2013, 2/11/2013, 1/16/2013, 1/14/2013, 1/11/2013, 1/10/2013, 1/9/2013, 1/8/2013, 1/7/2013, 1/3/2013, 1/2/2013, 12/28/2012, 12/27/2012, 11/8/2012, 11/6/2012, 11/1/2012, 10/30/2012, 10/25/2012, 10/23/2012, 10/18/2012, 10/16/2012, letter from physician 10/15/2012, medical notes 10/11/2012, 10/9/2012, 10/4/2012, 10/2/2012, 9/27/2012, 9/25/2012, 9/20/2012, 9/18/2012, letter from physician 9/11/2012, office



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visit notes 7/22/2012, operative report 7/14/2012, lower EMG and nerve conduction study 10/19/2011.

PATIENT CLINICAL HISTORY:

The patient was injured while unpacking from a box. This was described as a work-related injury on xx/xx/xx. He underwent conservative management soon after the injury and failed these treatments and subsequently went on for definitive surgical treatment on July 14, 2012, in the form of an L3 to L5 lumbar laminectomy. He also has undergone epidural steroid injections.

The latest office visit is from May 28, 2013, which reports the patient has returned in follow-up regarding his back pain and buttock pain and that he continues to have pain despite postoperative physical therapy and surgery, as well as continued use of analgesics.

Physical examination on this day reveals positive pain with left piriformis cross-body stretching and, with regard to the myofascial exam, a taut band noted along the left piriformis muscle with muscular spasm and producing a radiating pain along the posterolateral leg when the piriformis muscle is compressed.

The physician has proposed the patient is a reasonable candidate for trigger-point injection under fluoroscopic guidance with the use of steroid.

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

The request for piriformis trigger-point injection is reasonable and medically necessary based on findings and utilization of Official Disability Guidelines.

In reviewing criteria for trigger-point injections of the *Official Disability Guidelines*, the criteria include documentation of circumscribed trigger point with evidence upon palpation of a twitch response, as well as referred pain. Per documentation, the muscular spasm would be considered a twitch response, and the referred pain would be the radiating pain along the posterolateral leg when compressed. Additionally, there is evidence of a taut band over the piriformis muscle and positive pain with piriformis stretch test.

The symptoms have persisted for more than 3 months. The medical management, including physical therapy, analgesics, and even in this case surgical intervention, has not helped improve his pain.

Utilizing *Official Disability Guidelines*, the patient has, in fact, met the criteria for a trigger-point injection. After review of the medical documentation, particularly the examination, which suggests there is a trigger point with spasm/twitch response and referred pain, the patient is a candidate for the local trigger-point injection.



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However, what he is not a candidate for is the use of fluoroscopic guidance to perform this trigger point. There is no discussion of this in the *Official Disability Guidelines* nor is fluoroscopic guidance routinely utilized for trigger-point injections in the community, and therefore this request is only partially approved for the trigger-point injection.

The denial of these services is partially overturned.

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
- 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)