

Notice of Independent Review Decision

DATE OF REVIEW: May 29, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Lumbar Trigger Point injection 20553 (J3490, J3301, A4550 PNR)

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

This case was reviewed by a physician who holds a board certification in Pain Medicine, as well as Neurology and Pathology with special qualifications in Neuropathology. The reviewer is licensed and currently practicing in the state of Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
MRI of the lumbar spine	07/24/2012
Physical therapy note	07/25/2012
Progress report	07/25/2012
Narrative report	08/23/2012
Initial pain evaluation report	09/17/2012
Operative report (lumbar ESI)	10/16/2012
Follow up report	10/18/2012
Follow up report	11/12/2012
Operative report (lumbar ESI)	11/20/2012
Follow up report	11/30/2012
Initial evaluation	01/29/2013
Physical therapy note	02/20/2013
Physical therapy note	02/21/2013
Physical therapy note	02/22/2013



**MEDICAL EVALUATORS
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Follow up report	03/06/2013
A notification of adverse determination	03/19/2013
Follow up report	04/10/2013
A notification of reconsideration determination	05/09/2013
A request for an IRO for denied services of "Lumbar Trigger Point injection 20553 (J3490, J3301, A4550 PNR)"	05/20/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who injured his lower back on xx/xx/xx while he was doing some lifting at work. He reported pain to his lower back that radiated down his left buttock and thigh associated with numbness and tingling. He had an MRI done on 07/24/2012 that showed L4-5 disc herniation causing severe canal stenosis. He was then evaluated and was treated with physical therapy. On 08/23/2012, he was seen who recommended injections and surgical decompression and discectomy. Subsequently, he was seen on 09/17/2012 and was reported to have persistent back and left leg pain with numbness, tingling and weakness. He then was treated with lumbar ESI x2 on 10/16/2012 and 11/20/2012. He then followed up on 11/30/2012 when he reported 80% improvement in his pain symptoms following ESI therapy. referred him for work conditioning program, which he completed but continued to report minimal pain in his lower back and left leg. On 03/06/2013, he was re-evaluated and was noted to have trigger point tenderness on his left lower lumbar area. He was then recommended lumbar trigger point injections.

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

Medical review: 76 pages of medical records and the reports of prior reviewers are received and analyzed. The patient is a male who on xx/xx/xx developed a lumbar radiculopathy after being engaged on lifting. A lumbar MRI showed a disc herniation associated with severe spinal stenosis. The patient underwent several treatment modalities including physical therapy, epidural steroid injections with 80% improvement on the radicular pain and a work rehabilitation program that he successfully completed. He also underwent pharmacological management with amitriptyline and gabapentin. Despite the improvement of the radicular component the patient continued with persistent myofascial pain. Upon examination, the treating physician documented the presence of trigger point type of tenderness with reproducible pain upon pressure which radiated in a non-radicular fashion to the lumbar region.

The analysis of prior reviewers indicate that there is no medical necessity for trigger point injections based on lack of documentation of a twitch response as well as referred pain.



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However, there is documentation that the patient has myofascial pain with trigger point tenderness that is reproducible by pressure on these points and that further, the points of tenderness exhibit reproducible radiation of the pain to the lumbar area in a non-radicular fashion. Apparently, this denial is based on the fact that the treating physician did not document the presence of a twitch response. However, the treating physician does document the existence of the trigger point and the clinical features including a non-radicular pattern of radiation of the pain. These features are sufficient for the diagnosis of trigger points.

Another review analysis states the lack of medical necessity based on the concomitant presence of radiculopathy, however; the OGD criteria clearly states that trigger points are indicated if there is myofascial pain associated with a radiculopathy which contradicts the reviewers reason for denial.

Based on the documentation reviewed, it is the opinion of this reviewer that there is more than ample medical necessity for the performance of trigger point injections in the setting.

ODG Criteria for the use of Trigger point injections:

Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) when all of the following criteria are met:

- (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain;
- (2) Symptoms have persisted for more than three months;
- (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;
- (4) Radiculopathy is not an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS);
- (5) Not more than 3-4 injections per session;
- (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement;
- (7) Frequency should not be at an interval less than two months;
- (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended;
- (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended;
- (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment.



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**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)