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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One visit of 4 trigger point injections

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

Board Certified Anesthesiologist
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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 08/13/13, 08/05/13
Follow up examination dated 07/30/13, 05/16/13, 06/14/13, 03/12/13, 11/08/12, 12/12/12, 09/11/12, 07/31/12, 06/21/12, 05/10/12, 04/10/12, 03/20/12, 03/06/12, 01/12/12, 11/29/11, 10/24/11, 08/30/11, 07/05/11, 05/12/11
EMG/NCV dated 04/06/11
IRO dated 02/20/12, 09/24/12
Decision and order dated 05/31/12
Operative report dated 05/29/13
Handwritten note dated 05/29/13
Post anesthesia record dated 05/29/13
Pre-op history and assessment dated 05/29/13
Health insurance claim forms

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. EMG/NCV dated 04/06/11 revealed mild axonal type abnormalities in both peroneal nerves with some temporal dispersion on left peroneal and denervation findings in mostly mid paraspinals; findings suggestive of neuropathy possibly related to the patient's diabetes and also suggestive of a bilateral mid lumbar radiculopathy. Note dated 07/05/11 indicates that the patient underwent left psoas compartment block with Botox chemodenervation and noted 80% improvement of his

symptoms. The patient underwent trigger point injection on 05/12/11, 08/30/11, 10/24/11, 11/29/11, 01/12/12, 03/06/12, , 04/10/12, 05/10/12, 06/21/12, 07/31/12, 09/11/12, 11/08/12, 12/12/12, 03/12/13, 05/16/13 and myoneural injections on 05/29/13. Follow up note dated 06/14/13 indicates that the patient reports he received 90% pain relief with the last injections. Note dated 07/30/13 indicates that there are areas of specific, active and reproducible trigger point tenderness noted on exam to the quadratus lumborum bilaterally, the gluteus maximus bilaterally and the gluteus medius bilaterally. Range of motion of the lumbar spine is limited in all directions. The patient underwent trigger point injections on this date.

Initial request for one visit of 4 trigger point injections was non-certified on 08/05/13 noting that there are no clinical myofascial findings documented. There is no evidence of a jump sign, twitch response or referral of pain with palpation. The patient had this done on 07/30 with no follow up and there has not been a sufficient passage of time to verify a therapeutic response. The denial was upheld no appeal dated 08/13/13 noting that clinical documentation submitted for review notes the patient complaining of low back pain radiating to the lower extremities. Official Disability Guidelines recommend trigger point injections in the lumbar spine provided that the patient meets specific criteria, including documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. The patient is noted to have a 50% pain relief following the previous trigger point injections. Clinical notes detailed the patient previously undergoing trigger point injections. However, no information was submitted regarding 50% reduction in pain. Given this the request does not meet guideline recommendations. As such, the clinical documentation provided for review does not support this request at this time.

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

As such, it is the opinion of the reviewer that the request for one visit of 4 trigger point injections is not recommended as medically necessary. The patient has undergone multiple previous trigger point injections, most recently on 07/30/13. The Official Disability Guidelines require documentation of 50% pain relief with reduced medication use for six weeks after an injection with documented evidence of functional improvement prior to repeat trigger point injections. Given that there is no follow up information after the most recent trigger point injections documenting patient response to the procedure and the fact that the injections were performed less than six weeks ago, the requested trigger point injections are not supported as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES