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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: abdominal muscle trigger point injection x 1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and 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. It is the opinion of this reviewer that the request for abdominal muscle trigger point injection x 1 is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Abdominal x-ray abdominal KUB 02/01/13

Chest x-ray 01/31/13

CT scan head 01/31/13

Operative report 01/31/13

CT scan abdomen 01/31/13

CT scan cervical spine 01/31/13

Clinical note 02/01/13

Lab studies 02/01/13

Abdominal KUB 02/01/13

Lab studies 02/02/13

Chest x-ray 02/02/13

Chest x-ray 02/03/13

Lab studies 02/03/13

Chest x-ray 02/04/13

Chest x-ray 02/05/13

Lab studies 02/05/13

Discharge summary 02/06/13

Therapy note 06/04/13

Therapy note 07/08/13

Urine drug screen 11/26/13

Clinical note 03/28/13

Clinical note 04/11/13

Clinical note 04/30/13

Clinical note 05/14/13
Clinical note 06/27/13
Clinical note 08/12/13
Clinical note 09/04/13
Clinical note 09/23/13
Clinical note 10/30/13
Adverse determinations 09/27/13 and 10/30/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who presented with a traumatic penetrating injury to the central chest. Operative report dated 01/31/13 indicated the patient undergoing exploratory laparotomy with a repair of the abdominal wall and repair of the pericardium along with placement of a left sided posterolateral chest tube. Clinical note dated 02/01/13 indicated the patient had a left sided pneumothorax. The patient was subsequently transferred to the SICU. The patient was noted to be undergoing use of IV medications. Discharge summary dated 02/06/13 indicated the patient undergoing weaning of IV medications. The patient was ambulating well and tolerating regular diet. The patient stated that his pain was well controlled with oral medications. The patient was provided with discharge instructions and follow up appointments. Clinical note dated 05/14/13 indicated the patient complaining of abdominal pain. The patient rated the pain as 3/10. Upon exam tenderness was noted over the left ribs anteriorly at T10 through T12 and at T5 through 7 in the proximity of the chest tube scar. Movement was symmetric with inspiration. Convexity was decreased on the right ribs. Clinical note dated 09/04/13 indicated the patient continuing with abdominal pain in the left upper quadrant. The patient utilized Norco and Flexeril for pain relief. Tenderness continued at T10 through T12 on the right and T5 through 7 close to the chest tube scar. Clinical note dated 09/23/13 indicated the patient having pain secondary to abdominal muscle tear and scar tissue and myofascial dysfunction. The patient was recommended for trigger point injections to the abdominals bilaterally. The patient was also utilizing fentanyl at 50mcg per hour. Clinical note dated 10/30/13 indicated the patient continuing with chest and upper abdominal pain. The patient rated the pain as 8-10/10. Physical therapy was of no benefit. Utilization review dated 09/27/13 resulted in denial for trigger point injections at the abdomen as no evidence of was submitted confirming myofascial pain syndrome or evidence of trigger points in the abdomen. Utilization review dated 10/30/13 resulted in denial for trigger point injections as no documentation was submitted regarding specific objective findings of myofascial pain syndrome specifically in the abdomen.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation submitted for review notes the patient complaining of abdominal pain. Trigger point injections are indicated provided that the patient meets specific criteria, including exam findings confirm circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. No information was submitted confirming twitch response upon palpation. No information was submitted regarding specific findings of referred pain. Given these findings, this request is not indicated. As such, it is the opinion of this reviewer that the request for abdominal muscle trigger point injection x 1 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)