

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/13/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 3 intraspinous ligament injections under fluoroscopy x 3

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Anesthesiology 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 this reviewer's opinion that medical necessity for 3 intraspinous ligament injections under fluoroscopy x 3 in this case is not established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx to the cervical region. The patient has been followed for ongoing complaints of neck pain and associated headaches. Prior treatment has included physical therapy and the use of analgesic medications such as Ultram. The patient also utilized anti-inflammatories and had been recommended for an epidural steroid injection on 05/01/14. The patient was seen on 05/16/14 with continuing complaints of pain in the cervical region. The patient denied any radiating pain to the upper extremities. The patient's physical examination noted facet tenderness in the cervical region with associated trigger points in the cervical and thoracic paravertebral musculature. The patient was recommended for trigger point injections in the trapezii followed by further physical therapy and massage treatment. Trigger point injections were completed at the paravertebral and trapezii in 4 different locations on 06/18/14. Follow up on 07/18/14 noted a reduction in symptoms from 7-9/10 down to 0-3/10. The patient did describe better sleep and functional ability. The patient's physical examination continued to note interspinous tenderness in the lower cervical region. Follow up on 08/01/14 noted no significant changes on physical examination. The patient was still described as having pain in the lower cervical region and was not working. The patient was recommended for 3 interspinous ligament injections with fluoroscopy at this evaluation.

The requested interspinous injections for the cervical spine x 3 with fluoroscopy was denied by utilization review on 07/31/14 as there was no indication of any interspinous ligament pathology that would reasonably have been addressed by the injections. Furthermore, the injection therapy was not recommended or supported by Official Disability Guidelines.

The requested injections were again denied by utilization review on 08/27/14 as guidelines did not support a series of 3 interspinous injections. There were no imaging studies to

identify any ligamentous pathology that would support the proposed procedures.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for ongoing complaints of pain in the cervical region without evidence of any radiating pain. The patient's initial physical examination findings were indicative of trigger points in the cervical and thoracic trapezii musculature. The patient did report a substantial amount of improvement with trigger point injections by more than half. The patient still complained of some pain in the lower cervical region; however, there were no imaging studies available for review identifying any pertinent interspinous ligament pathology that would reasonably respond to injection therapy. The clinical reports did not identify any specific improvements expected from this type of treatment. Furthermore, guidelines do not support multiple injection procedures without evidence regarding its efficacy in terms of functional improvement or pain reduction. Given the limited findings to support the requested interspinous injections with fluoroscopy, it is this reviewer's opinion that medical necessity for 3 interspinous ligament injections under fluoroscopy x 3 in this case is not established and the prior denials are upheld.

**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 KNOWLEDGBASE

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)