

US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

DATE NOTICE SENT TO ALL PARTIES: Dec/01/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 Lumbar trigger point injection, as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, 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 medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 1 Lumbar trigger point injection, as an outpatient is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient missed the bottom step of a ladder and stated that he jarred his body. He did not fall, but has had increasing low back pain since that time. MRI of the lumbar spine dated 04/20/15 revealed mild lumbar facet arthrosis without significant spondylosis, discernible disc herniation or notable disc bulge, no lumbar canal stenosis or neural foraminal narrowing. Note dated 05/22/15 indicates that he has a history of previous injury in XXXX. He injured his lower back. He has been treated chronically with medications and physical therapy with only mild temporary improvement. He underwent four weeks of physical therapy, but continues with low back pain. Designated doctor evaluation dated 09/22/15 indicates that chief complaint is low back pain. The pain radiates down the back to the buttocks and upper legs. The left leg is weak and gives out. He must use a cane. Current medications are tramadol, diclofenac and methocarbamol. On physical examination lumbar range of motion is decreased in all planes. There is tenderness present in the lower lumbar spine, lumbosacral junction and lumbar muscles on the right. Straight leg raising produces pain in the low back at 70 degrees on the right. Moderate spasms are present in the right lumbar spinal muscles. Strength is 5/5 in the lower extremities with the exception of 4/5 left hip adductors. Assessment is lumbar strain/sprain and lumbar muscle spasms. It is noted that the patient may benefit from trigger point injections to relive the muscle spasms.

Initial request for one lumbar trigger point injection was non-certified on 09/15/15 noting that there is notation of some physical therapy completed; however, no documentation as to how many visits. There is also no documentation as to specific residual pain level. There is no documentation of any trigger points on examination. The denial was upheld on appeal dated 10/12/15 noting that there are no isolated trigger points reported. The clinical assessment on designated doctor evaluation was a lumbar strain/sprain and lumbar muscle spasms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on

XX/XX/XX and has completed a course of physical therapy. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the Official Disability Guidelines. There is no evidence of continued ongoing conservative treatment including home exercise program and stretching. There is no clear rationale provided to support the performance of a trigger point injection in the absence of a documented trigger point. As such, it is the opinion of the reviewer that the request for 1 Lumbar trigger point injection, as an outpatient is not recommended as medically necessary 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 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)