

Becket Systems

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DATE NOTICE SENT TO ALL PARTIES: Nov/23/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Trigger point injection bilateral - cervical

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Orthopedic Surgery

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 Trigger point injection bilateral – cervical is not indicated as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is female who reported an injury to her cervical region. The x-rays of the cervical spine dated 05/29/15 revealed essentially normal findings. The MRI of the cervical spine dated 07/14/15 revealed an acute C5-6 disc extrusion. An osteophyte formation was also identified at C6-7 with no spinal stenosis. The clinical note dated 08/13/15 indicates the initial injury occurred on XX/XX/XX when she tripped on the metal rivets and fell backwards striking her head. The patient also reported a hip injury as well. The note indicates the patient continuing with complaints of cervical region pain bilaterally throughout the paraspinal musculature. The patient also was identified as having pain at the trapezius musculature as well. The note indicates the patient utilizing Tylenol #3 for pain relief. The clinical note dated 09/17/15 indicates the patient rating the neck pain as 5/10. Upon exam, the patient was able to demonstrate 30 degrees of cervical flexion, 20 degrees of extension, and 30 degrees of bilateral rotation. Tenderness was identified at the base of the occiput bilaterally. Tenderness and tightness were identified throughout the cervical spine musculature. No strength or reflex changes were identified. The clinical note dated 10/29/15 indicates the patient having completed 12 physical therapy sessions to date. The note indicates the patient continuing with a home exercise program with a focus on a stretching program. Pain was elicited with all activities of daily living. The patient also reported difficulty maintaining her sleep hygiene secondary to the neck pain. The patient was able to demonstrate 5/5 strength throughout all extremities. No sensation or reflex changes were identified. Tenderness continued upon palpation to the cervical paraspinal musculature and over the interspinous ligaments. Radiating pain was identified to the bilateral trapezius musculature. Tenderness was identified at the C5-6 and C6-7 facet joints.

The utilization reviews dated 08/21/15 and 09/14/15 resulted in denials as no abnormalities associated with the likely benefit of trigger point injections were identified in the submitted documentation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of ongoing cervical region pain. Tenderness was also identified at the facet joints in the cervical spine. Trigger point injections are indicated for patients who have circumscribed trigger points upon palpation and findings consistent with referred pain have been identified. The clinical notes indicate the patient complaining of radiating pain into the trapezius musculature. No information was submitted regarding the patient's referred pain. No information was submitted regarding the specific findings consistent with circumscribed trigger points upon palpation. Given these factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for Trigger point injection bilateral – cervical is not indicated 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)