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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** May 22, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Magnetic resonance imaging lumbar spine with and without contrast, evaluation and treatment for lumbar left-sided trigger point injection (72158, 99243, 20552 and 77003).

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

M.D., Board Certified in Physical Medicine and Rehabilitation with Sub-specialty Certification in 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)

I have determined that the requested magnetic resonance imaging lumbar spine with and without contrast, evaluation and treatment for lumbar left-sided trigger point injection (72158, 99243, 20552 and 77003) are not medically necessary for the treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury on xx/xx/xx. Her diagnoses included low back pain. The patient's history includes lumbar fusion at the L3-S1 levels in 2005. On 2/10/15, the patient was seen for left-sided sacroiliac region pain. Upon examination, the patient was able to stand and walk unassisted. She had a tender spot with a subcutaneous nodule right over the

sacroiliac region. It was not inflamed and was not red. The provider reviewed the patient's most recent x-rays. She had a solid fusion from L3 to sacrum, and the level above was collapsing. She had some junctional disease. The treatment plan was for magnetic resonance imaging (MRI) scan to evaluate her pain, as well as a referral to a pain management specialist for a trigger point injection. A request has been submitted for MRI lumbar spine with and without contrast, evaluation and treatment for lumbar left-sided trigger point injection (72158, 99243, 20552 and 77003).

The URA indicated that the requested services are not medically necessary per Official Disability Guidelines (ODG). Specifically, the initial denial noted that the clinical documentation submitted for review did not indicate significant change in symptoms and/or findings suggestive of significant pathology. Additionally, there was no documentation regarding recent conservative therapy. As such, the request for MRI lumbar spine with and without contrast was denied. The URA noted the clinical documentation did not indicate circumscribed trigger points with evidence upon palpation of a twitch, previous conservative therapy and a concurrent participation in conservative treatment to include a home exercise program and stretching. As such, the request for lumbar left-sided trigger point injection was denied. On appeal, the URA noted MRI of the lumbar spine with and without contrast cannot be substantiated as there is no documentation of a progressive neurological loss or significant change in the patient's condition to support this testing. Additionally, the URA noted on appeal that there is no documented conservative treatment to support the requested lumbar left-sided trigger point injection.

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

The submitted records fail to demonstrate the medical necessity of the requested services. The clinical documentation submitted for review does not indicate significant change in symptoms and/or findings suggestive of significant pathology. Per ODG, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this patient's case, there is lack of documentation regarding recent conservative therapy. The request for MRI of the lumbar spine with and without contrast is not supported. As for the trigger point injection, ODG state trigger point injections may be recommended treatment of chronic low back or neck pain with myofascial pain syndrome. There should be documentation of palpation with a twitch response as well as referred pain, symptoms should present for more than three months, and there should be documentation of ongoing medication management therapies. In this patient's case, the clinical documentation did not indicate trigger points with evidence upon palpation of a twitch response, previous conservative therapy, and participation in conservative treatment to include a home exercise program and stretching. Thus, the requested evaluation and treatment for lumbar left-sided trigger point injection is not medically necessary. All told, the requested services are not medically indicated for the treatment of this patient.

Therefore, I have determined the requested magnetic resonance imaging lumbar spine with and without contrast, evaluation and treatment for lumbar left-sided trigger point injection (72158,

99243, 20552 and 77003) are not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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 JUDGMENT, 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)