

# Clear Resolutions Inc.

An Independent Review Organization

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**DATE NOTICE SENT TO ALL PARTIES:** Sep/15/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** trigger point injection times 2 paravertebrally injection at T5-T6

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

**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 trigger point injection times 2 paravertebrally injection at T5-T6 is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is XX/XX/XX. The patient slipped and fell landing on her outstretched left arm. The patient sustained a left wrist fracture and underwent repair surgery on 10/14/14. She completed a postoperative physical therapy course for the left wrist. Office visit note dated 04/14/15 indicates that deep tendon reflexes are 2/5 throughout. There is moderate to severe tenderness in the cervical spine with hypertonicity and myospasms seen in the musculature bilaterally. MRI of the thoracic spine dated 05/15/15 revealed left paracentral 2-3 mm disc protrusion/herniation at T2-3 creating effacement of the cord without significant nerve root encroachment. Note dated 06/06/15 indicates the patient was recommended for lumbar epidural steroid injection. Note dated 09/01/15 indicates that the patient complains of upper back pain that does not radiate. Diagnosis is shoulder strain, lumbosacral sprain and lumbar strain. Initial request for trigger point injections was non-certified on 07/07/15 noting that ODG requires documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is an absence of documentation noting that this claimant has documentation as required to perform the requested injection. While it is documented on 06/22/15 that the claimant had trigger points noted at T5-6 and T4-5 paravertebrally with reproducible and radiating pain on palpation, there is no indication of twitch response and the specific pain referral pattern is not noted. Alternative explanations for the pain have not been ruled out. The denial was upheld on appeal dated 08/19/15 noting that there are no documented specific trigger points.

**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 underwent surgery and physical therapy for the left wrist. 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 indication that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. As such, it is the

opinion of the reviewer that the request for trigger point injection times 2 paravertebrally injection at T5-T6 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)