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An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Lumbar spine trigger point injection

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)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The patient reported a back injury secondary to impact from a group of boxes on a forklift. MRI of the lumbar spine dated 05/20/14 revealed large left extraforaminal annular tear at L3-4. There is also mild spinal canal stenosis and mild left neural foraminal stenosis at this level. Treatment to date includes physical therapy x 24 visits that did not help decrease the patient's pain. Impairment rating dated 02/25/15 indicates that she underwent epidural steroid injections which did not help her. The patient previously underwent a designated doctor evaluation and it was felt that the mechanism of injury was questionable. She was given a 0% impairment. Impression is disc displacement and lumbar spine strain/sprain. The patient was determined to have reached maximum medical improvement as of this date with 0% whole person impairment. Note dated 05/28/15 indicates that patient was referred for an epidural steroid injection, but no injections had been performed. On physical examination there is tenderness over the lumbar paraspinals, gluteus and pectoralis muscles with evidence of myofasciitis. Range of motion is flexion 40 degrees with pain and extension 10 degrees with referred pain to the lower extremities. Left lateral flexion is 10 degrees and right lateral flexion is 15 degrees. Deep tendon reflexes are +2/4 bilaterally. Sensory exam is intact. Straight leg raising is 65 degrees. The patient was recommended to undergo trigger point injections.

Initial request for lumbar spine trigger point injection was non-certified on 06/19/15 noting that the submitted physical examination fails to provide 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 documentation of continued ongoing conservative treatment including home exercise and stretching. The Official Disability Guidelines not that use of trigger point injections as a sole treatment is not recommended. Request for reconsideration dated 07/09/15 indicates that there is tenderness over the lumbar paraspinals, gluteus and pectoralis muscles with evidence of myofasciitis. Range of motion is flexion 40 degrees with pain; extension is 10 degrees with referred pain to the lower extremities worse on the right. It is reported that a continued treatment plan is in place, and a re-examination of a proper diagnosis would be necessary if the procedure failed to provide relief. The denial was upheld on appeal dated 07/24/15 noting that the patient has complaints of low back pain. Trigger point injections are indicated for specific findings identified by clinical exam to include circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is an indication of the patient completing 24 physical therapy sessions to date with continued tenderness over the lumbar paraspinals, gluteus and pectoralis muscles with evidence of myofasciitis. Radiating pain has been identified into the lower extremities. Furthermore, stenosis

has been confirmed at L3-4 by the MRI of 05/20/14. Given the lack of definitive evidence of referred pain and a twitch response upon palpation, as well as the findings associated with radiculopathy confirmed by the MRI, the request is not indicated.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries on 04/10/14 and has undergone a course of approximately 24 physical therapy visits. Impairment rating dated 02/25/15 indicates that she underwent epidural steroid injections which did not help her. The patient previously underwent a designated doctor evaluation and it was felt that the mechanism of injury was questionable. She was given a 0% impairment. Impression is disc displacement and lumbar spine strain/sprain. The patient was determined to have reached maximum medical improvement as of this date with 0% whole person impairment. The Official Disability Guidelines require documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain which is not clearly documented in the clinical records submitted for review. As such, it is the opinion of the reviewer that the request for lumbar spine trigger point injection is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)