

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

01/03/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar trigger point injections

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

Board Certified Anesthesiologist and 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male with a history of chronic low back pain and bilateral leg pain. The claimant was status post L3-4 and L4-5 decompression laminectomy. The claimant's pain increased instead of decreasing with surgical intervention. The claimant developed right leg pain bilateral thigh pain and bilateral thigh pain radiating to the shins. The claimant was continuing on hydrocodone for moderate to severe pain. The claimant indicated it worked very well for him and it allowed him to perform his activities of daily living. The claimant recently underwent a thoracotomy for a possible lung cancer on the right, which confirmed his initial primary cancer was melanoma that had metastasized to his lungs. The physical examination revealed 3 well circumscribed trigger points with positive twitch response, 1 on the left L3-4 level and 1 bilaterally at L4-5. The straight leg raise was positive on the right at 60 degrees producing right low back pain and buttock pain. There was no hypesthesia to light touch. Motor strength was 5/5 in all the major muscle strength groups of the lower extremities that were tested. Deep tendon reflexes were 1+ and symmetric in the patella and absent in the Achilles. The diagnoses included L5 radiculopathy, right L4-5 foraminal stenosis, bilateral L5-S1 foraminal stenosis, L3-4, L4-5, and L5-S1 disc displacement, and lumbar spondylosis at L4-5 and L5-S1/facet syndrome, grade 1 L3-4 degenerative spondylolisthesis with 7 mm of L3 and L4 anterolisthesis

in flexion, reducing in extension, and L4-5 and L5-S1 disc space narrowing with gas vacuum syndrome. The treatment plan included 3 trigger point injections, continuation of a home exercise program, and use of over the counter nonsteroidal anti-inflammatories, which failed to give relief. The claimant was given a prednisone dosepak for acute pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, and CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines indicate the criteria for the use of trigger point injections with local anesthetic may be recommended for the treatment of chronic low back pain for patients with myofascial pain syndrome; when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants, have failed to control pain. The date of injury was XX/XX/XX and the mechanism of injury was the claimant was bending over to pick up a bag and felt a pop in his lower back. The documentation indicated the claimant would be utilizing an ongoing conservative treatment including home exercise and stretching. The diagnosis and findings did not indicate that the claimant had myofascial pain syndrome. There was a lack of documentation indicating the claimant had undergone physical therapy and utilized muscle relaxants. Given the above, and the lack of documentation indicating the claimant had been diagnosed with myofascial pain syndrome, and that the claimant had undergone physical therapy and utilized muscle relaxants, the request for lumbar trigger point injections is not medically necessary and the prior determination for denial has been upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

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- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES 14th Edition (web), 2016, Low Back Chapter, Trigger point injections (TPIs)**
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