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Date notice sent to all parties: 12/17/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XXXX XX XXX trigger injection around battery site under fluoroscopy with IV sedation

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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 of the health care services in dispute.

XXXX XX XX trigger injection around battery site under fluoroscopy with IV sedation – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a long history of XX XX pain dating back to XXXX. XXXX apparently has previously undergone XX, XX, XX XX surgery with XX and subsequently developed post-XX pain syndrome with XX pain XX down the XXXX XX. A XX cord XX was apparently placed at some time in the past and subsequently revised from the XX being placed in the XXXX XXX

to its current location in the XXXX XX, where apparently the XX cord XX was apparently providing good relief. However, according to the records reviewed, the patient has continued to complain of pain at the previous XXXX XX pocket site. It does not appear that any specific treatment has been attempted for that XXXX XX pain, other than medication management, based on the documentation reviewed. On XXXX, the patient was seen by XXXX for the complaint of XXXX XX pain. XXXX recommended a block of the XXXX XX XX site under IV sedation, citing the patient's XX, and with fluoroscopy. Two separate peer reviewers recommended non-authorization of the procedure, although it does appear that the second reviewer mistakenly felt that the procedure being requested was a XX nerve block. On XXXX followed-up with the patient, clarifying that XXXX request was not for a XX nerve block, but rather for a XX injection in the XXXX XX about the previous surgical site under fluoroscopy to explore the area around the previous pocket site for "any retained XX, any retained materials from previous XX intervention which could even include a XX which was formally placed years ago." At the time of the physical examination, XXXX documented point XX in the XXXX XX area "about XXXX previous XX site." Initial review for the request recommended non-authorization. Secondary review on XXXX also recommended non-authorization of the request based upon physical examination lacking true evidence of a XX trigger point, including XX response and referred pain.

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

Although it certainly appears that the patient has residual pain at the XXXX XX site where XXXX prior XX cord XX implantable XX XX had been XX, I agree with the previous reviewer. The previous reviewer stated that the physical examination of point tenderness at the XXXX XX pocket site did not meet the criteria of a true trigger point as defined by the ODG, as there is no documentation of XX response nor of the typical referred pain pattern of a true trigger point. Additionally, there is no medical likelihood or reason to believe that there is any retained hardware of any type in the XXXX XX XX site as the XX, once removed, would not leave behind any XX or XX material whatsoever. Fluoroscopy, therefore, is medically unnecessary in the performance of a XXXX XX XX site injection. Additionally, there is no medical reason or necessity for IV sedation to perform such a simple procedure as injection of a XX site in the XXXX XX area. In my opinion, therefore, there is absolutely no medical reason, necessity, or indication for either the use of fluoroscopy or IV sedation to perform the requested injection. The remaining question is whether the requested injection is, according to the ODG, medically necessary and appropriate. In my opinion, it clearly is not, as there is no physical examination evidence consistent with a true XX trigger point. In summary, the request for the XXXX XX XX trigger injection around the battery site under fluoroscopy with IV sedation is not reasonable, medically necessary, or supported by the ODG. The prior recommendations for non-authorization of this specific request are, therefore, upheld at this time.

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**
- **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- **X 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)**