

IRO Express Inc.

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/23/2018 3:50:11 PM CST

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (682) 238-4976

Fax: (888) 519-5107

Email: reed@iroexpress.com

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IRO REVIEWER REPORT

Date: 7/23/2018 3:50:11 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical Trigger Point Injections

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XX. The mechanism of injury is detailed as the patient was XX materials on a XX when the XX and X XX XX. The patient lost consciousness and had to be extracted from the XX. The patient subsequently underwent cervical discectomy and fusion at C6-7 but continued to have neck pain with a moderate to severe grade as of XX. The patient received treatment in the form of XX, XX, and XX. CT of the cervical spine without contrast was completed on XX with no radiographic evidence of acute cervical spine injury. As of XX, the patient was utilizing a combination of XX and XX with the physician plan to add XX to the medication regimen. The patient was seen on XX for an independent medical evaluation. XX was noted the patient had abnormal range of motion associated with pain and restrictions. The patient was seen again on XX with a plan to refill the patient's oral medications. The patient was utilizing XX compliantly 3 times per day in conjunction with XX in addition to XX as a mixed XX serotonin agent twice a day with excellent relief. XX was also utilizing XX and judiciously. Follow-up note dated XX indicated patient has shoulder and arm pain associated with myofascial trigger point tenderness in both trapezius, interscapular and posterior cervical region. The patient wanted to go ahead with trigger point injection therapy which XX claimed that offered XX significant benefit well over a year prior preventing XX from necessitating treatment in the emergency room. Trigger point tenderness was noted in the neck the patient having failed conservative rehabilitative care. The request for trigger point injections was denied on XX. The patient was seen for a follow-up visit on XX with the physician again claim the patient had trigger point tenderness in the neck and shoulder area. Jump signs were elicited in the posterior cervical as well as interscapular rhomboid regions. The physician was trying to limit the patient's XX and further down over the next XX.

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The request for trigger point injections was again denied on XX. The rationale stated that guidelines do not recommend trigger point injections as the sole or primary form of treatment, which appeared to be proposed at that time. Moreover, the guidelines of the trigger points are not present when radiculopathy is present by examination or imaging as have been diagnosed in this case. Most notably, trigger point injections are recommended on an interim basis in order to facilitate ongoing active rehabilitation. The medical records did not appear to suggest a plan to use trigger point injections in this manner in this case. The trigger point injections were denied a final time on XX with the physician failing to address the prior determination issues from XX.

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

The Official Disability Guidelines have clearly stated that trigger point injections are not recommended in the absence of myofascial pain syndrome. Additionally, the patient was having documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The patient does not have radiculopathy present on physical examination, imaging or neuro test with no more than 3–4 injections allotted per session. Moreover, repeat injections are not warranted unless a greater than 50% pain relief with reduced medication use was obtained for XX after injection and there must have also been documented evidence of functional improvement. Lastly, guidelines claim that there should be evidence of continued ongoing conservative treatment including home exercises and stretching with trigger point injections not recommended as a sole modality of treatment. In the case of this patient, there was reference the patient having undergone prior trigger point injections. However, there was a lack of information regarding 50% pain relief with reduced medication use for at least XX after the injection to support repeated services. There was no indication the patient would be utilizing the trigger point injections as an adjunct to conservative treatment including home exercises and stretching. Furthermore, the patient had been displaying signs and symptoms of radiculopathy on physical examination which is not a supported diagnoses for receiving trigger point injections. Lastly, the physician failed to specify how many trigger point injections were being recommended for the patient, leaving the request open for interpretation.

As such, in accordance with the previous denial, the request for cervical trigger point injections is not medically necessary and the decision is upheld.

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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
- ☐ AHRQ- 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
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2018, Neck and Upper Back Chapter, Trigger point injections.