

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-7331.M2**

**MEDICAL REVIEW OF TEXAS**

[IRO #5259]

**3402 Vanshire Drive**

**Austin, Texas 78738**

**Phone: 512-402-1400**

**FAX: 512-402-1012**

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M2-05-1329-01
Name of Patient:	
Name of URA/Payer:	Facility Insurance Corp.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	A.T. Carrasco, MD

May 24, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved

Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: A.T. Carrasco, MD  
Texas Workers Compensation Commission

#### CLINICAL HISTORY

This is a lady with a date of injury dating back to \_\_\_\_\_. In the subsequent years there have been a reported twelve surgical procedures. This fact has not been verified as there is a dearth of medical records for a 15 year old injury. However, the few progress notes from the requesting provider noted that there is a morphine pump in place, one that is functional and delivering the narcotic medicine on a regular basis.

#### REQUESTED SERVICE(S)

- A. Trigger Point Injections
- B. Psoas Compartment block

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

A. A review of the Official Disability Guidelines, ACOEM and Needling Therapies in the management of myofascial trigger point pain: A systematic review, Archives of PM&R, July 2001, any efficacy of TPI is likely because of the needle or placebo rather than injection of either saline or active drug. Given the length of time since the last surgery, noting that there is a continuous morphine drip in place, and noting that past attempts have not demonstrated any efficacy; there is no clinical indication to pursue past failed modalities. When made aware of the concern that there were no demonstrations of a lack of efficacy, the requesting provider referred to the date of injury. This is

confusing, but the fact remains there is no indication for TPI in chronic cases and there has not been any demonstrated efficacy in this particular case.

B. A review of the literature notes that this procedure is designed for post-operative analgesia for lower extremity procedures. Additionally, noting the alteration of the anatomy after 12 surgeries, and as noted by Boezaart in Atlas of Regional Anesthesia, this is a "high risk block" and designed for lower extremity procedures. Therefore, there is no clear clinical indication for this procedure. The "risk/reward" factor is not even close to pursuing. Lastly, as noted by Calava in the Clinical Journal of Pain 12(1) 69 – 75 March 1996 this type of block has very limited and special indications. The requesting provider has not presented any clinical indication why this type of block is necessary. Moreover, he has not responded to the issue of past efforts being less than efficacious. Simply, there is no reason presented at all that would justify this high risk procedure in a claimant with a continuous intrathecal morphine drip.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 25<sup>th</sup> day of May 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell