



Specialty Independent Review Organization, Inc.

August 29, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-2181-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the medical records, the patient sustained a work injury on ___ while working at a construction site with scaffolding. While locking up ladders, he was struck by a scaffolding bar (16 feet long, 15-20 pounds) from 20 feet in height. The bar grazed his hard hat and struck the patient on the chin and chest causing him to fall five feet backwards on his buttocks and lower back. He had difficulty breathing since the impact and was treated by paramedics. He was taken to the ER at Spohn Hospital and underwent standard work-up with chest CT scan and appropriate x-rays. He was released with Lortab and persistent difficulty breathing due to pain without respiratory insufficiency.

The patient was evaluated on a regular basis by Dr. Mauer, DC starting in February of 2005. During these office visits, he continued to refer difficulty breathing due to increased pain,

clavicular pain, chest / rib pain, sternal pain, neck and shoulder pain. He presents tenderness in the parasternal region and upper thoracic paravertebral region. He had difficulty with abduction due to shoulder and intrascapular pain. He continued with various modalities of physical therapy and was eventually referred for work hardening. There is a psychological assessment from Dr. Kittay, psychologist, dated 04-27-05, which is to provide clearance for the work hardening program. Dr. Kittay states that the patient has depressive disorder secondary to a pain condition but also cautions as to suicidal tendencies due to the severity of his injuries. She authorized clearance for the work hardening program. The patient was evaluated by the orthopedic surgeon, Dr. Masciale on 4-21-05 and he reports the patient presented a "low pain threshold" and that he would not require surgery. He also recommended the work hardening program. According to these medical records, the patient had a medium work capacity before work hardening and increased to a heavy capacity upon completion, which is compatible to his work description. The patient was then placed at clinical MMI on 06-14-05 and presumably returned to work.

The patient was evaluated by Dr. Potter, pain management, on 05-11-05 and he was diagnosed with cervical myofascial syndrome with trigger points, cervicgia, questionable cervical radiculitis and C6-C7 displaced disc. On this date, he recommended trigger point injections; however, he indicated that the patient presented with an "extreme fear of needles and anxiety." Due to this he recommended the procedure to be done in an outpatient surgical setting with IV sedation to avoid a vagal response. His current medications are Darvocet, Ibuprofen and Neurontin. There are no further office visits provided from Dr. Potter.

The patient's diagnostics include x-ray reports of 02-22-05 of the cervical and thoracic spine, which only show some flattening of the cervical curvature. There is a cervical spine MRI of 04-06-05, which reports a 2 mm disc protrusion posteriorly at C6-C7 without root or foraminal involvement. There are some degenerative spurs encroaching the foramina to some degree. The patient had a bone scan on 06-09-05 that reported some minor changes at the AC joints and sternoclavicular joints. Thoracic MRI of 05-05-05 was negative, per report.

Records Reviewed:

- A. General Records: Notification of IRO Assignment dated 08-09-05; Receipt of Request of MDR dated 08-09-05; MDR form dated 07-22-05; Initial Pre-Authorization denial dated 06-04-05; Reconsideration Pre-Authorization denial dated 07-05-05; Letter from Dr. Potter regarding denials dated 07-11-05 and 06-13-05; Initial H & P from Ryan Potter, MD dated 05-11-05 with pain diagram; MRI of Cervical Spine without contrast dated 04-06-05
- B. Records from the carrier: Carrier's statement for IRO dated 08-16-05; Initial office note of Dr. Mauger, DC dated 02-22-05; X-ray report 02-22-05; Initial H & P from Ryan Potter, MD dated 05-11-05; Initial Pre-Authorization denial dated 06-04-05; Reconsideration Pre-Authorization denial dated 07-05-05; TWCC 69 of IR by Dr. Mauger dated 06-14-05
- C. Records from the doctor: TWCC IRO Assignment dated 08-09-05; MDR form dated 07-22-05; Letter from Dr. Potter regarding denials dated 07-11-05 and 06-13-05; Initial Pre-Authorization denial dated 06-04-05; Reconsideration Pre-Authorization

D. denial dated 07-05-05; Pre-Authorization form of 06-27-05; Initial H & P from Ryan Potter, MD dated 05-11-05 with pain diagram; MRI of Cervical Spine without contrast dated 04-06-05; Office notes from Dr. Mauger, DC dated: 02-22-05, 02-23-05, 02-24-05, 02-28-05, 03-01-05, 03-03-05, 03-07-05, 03-08-05, 03-10-05, 03-14-05, 03-15-05, 03-17-05, 03-21-05, 03-29-05, 04-04-05, 04-11-05, 06-01-05, 06-09-05; TWCC 69 of IR by Dr. Mauger dated 06-14-05; TWCC 73 forms dated: 02-22-05, 03-21-05, 06-10-05, 06-14-05; FCE dated 03-15-05, 04-25-05, 06-10-05; Physical therapy notes dated 03-10-05, 04-11-05; Referral for bone scan dated 06-08-05; MRI of the Thoracic spine without contrast dated 05-05-05; Whole Body Bone scan dated 06-09-05; Psychological evaluation by Burton Kittay dated 04-27-05; Initial evaluation from Dr. John Masciale, orthopedic surgeon dated 04-21-05

REQUESTED SERVICE

The item in dispute is the prospective medical necessity for trigger point injections under fluoroscopic guidance and sedation.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the responsibility of establishing medical necessity lies with the requesting physician. In this case, the rationale of medical necessity has been obtained. Two letters from Dr. Potter, which reference the dispute for the requested procedure were included in the records reviewed. In the letter of 06-13-05, he states that the patient refers vagal responses with procedures involving needles and this is the rationale for the IV sedation in the outpatient setting. He states that if this vagal response occurred in the office it would become “a minor emergency procedure” and in turn cause unnecessary hospital admissions. In the letter dated 07-11-05, he reiterates the patient’s fear of needles and need for IV sedation. He states that the patient’s trigger points can be marked previous to the sedation. He also states that if the patient had a vagal response while sitting, he could suffer further injuries from a secondary fall. Trigger points may be beneficial to the patient and have shown to be beneficial to some degree in clinical studies. However a procedure should only be deemed medically necessary if the benefit outweighs the risk for the patient since every procedure presents some degree of risk or secondary effect. If this procedure presents significant risk for the patient in an office setting then it would not be deemed medically appropriate. Per medical standards and reviewed literature, this minor invasive procedure is simply not warranted as an outpatient surgical procedure with IV sedation. This is beyond standards of medical care for the procedure in question. If the patient does present with significant apprehension towards needles, alternate methods may need to be attempted to control the patient’s anxiety in the office setting. If this is not possible, then the risk

may simply outweigh the benefit for this patient and alternate methods of treatment may need to be explored if his symptoms persist.

Dr. Potter presents significant concern as to the patient presenting a vagal response and experiencing further injury from a fall. Patient's care and safety should be the primary concern during any procedure and it is unclear as to why this procedure must be done with the patient in an unprotected sitting position. If in fact he is predisposed to a secondary reaction, he should be placed in a prone position or well supported in a chair apparatus to avoid a possible fall.

Trigger points with IV sedation in an outpatient setting are beyond standards of medical care. The procedure realized in the office setting could be beneficial to the patient, though he will need to be further evaluated by the requesting physician to determine if he can undergo this procedure in this office setting.

References:

(1) Kim, PS. ***Role of injection therapy: review of indications for trigger point injections, regional blocks, facet joint injections, and intra-articular injections.*** Curr Opin Rheumatol 2002 Jan; 14 (1): 52-7.

(2) Alvarez, DJ and PG Rockwell. ***Trigger Points: diagnosis and management.*** Am Fam Physician 2002 Feb 15; 65 (4): 653-60.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

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

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker’s Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant’s representative) and the TWCC via facsimile, U.S. Postal Service or both on this 29th day of August 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli