



Specialty Independent Review Organization, Inc.

December 9, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0199-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 DWC 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

This 50-year-old man was injured on \_\_\_\_\_. The patient has had a discogram and then ESI's x 3 widely spaced over a three year period. Past trigger point injections have also been administered. An MRI shows L4/5 disc herniation and a L5/S1 disc protrusion.

#### RECORDS REVIEWED

Records were received from the carrier and from the treating doctor. Records from the carrier include: consultants in pain medicine notes and procedure notes and Zurich Services Corporation Correspondence. Records from the treating/providing doctor include: consultants in pain medicine notes and procedure notes, Methodist ASC Pain treatment clinic notes, NE Methodist Hospital CT scan, San Antonio Diagnostic Imaging reports and actual images of discograms and epiduralgrams.

## REQUESTED SERVICE

The requested service is a course of trigger point injections.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer indicates that the actual documentation of the presence of trigger points is lacking. Rather the clinician just states that the patient has trigger points rather than actually describing the location and typical radiation pattern as is standard and customary. The clinician fails to document all of the clinical criteria to establish the diagnosis of myofascial pain syndrome which includes the four major criteria as follows: (all four must be present as per ASIPP guidelines) 1) Regional pain complaint 2) Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point 3) taut band palpable in an accessible muscle 4) Exquisite tenderness at one point along the length of the taut band, and some degree of restricted ROM, when measurable. The minor criteria to establish said diagnosis: (of which only one of three is required to be present): 1) reproduction of clinical pain complaint 2) altered sensation by pressure on the tender spot 3) local response elicited by snapping palpation at the tender spot or by needle insertion in the tender spot, and 4) Pain alleviated by elongating (stretching) the muscle or by injecting the tender spot.

Nelemans indicates that there was no significant difference between local injections (local anesthetic and corticosteroids) versus placebo in short term pain relief in patients. There were no studies supporting their use in a chronic fashion.

## REFERENCES

Laxmaiah, M et al ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain; Part 2.0, Pain Phys, Vol 4, No 1, 2001, pp24-98.

Nelemans et al Injection therapy for subacute and chronic benign low back pain, In: The Cochrane Library, Issue 3, 2002. Oxford.

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 the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

**Your Right To Appeal**

**If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.**

**If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- 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 via facsimile, U.S. Postal Service or both on this 9<sup>th</sup> day of December 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**