



Specialty Independent Review Organization, Inc.

November 6, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0187-01
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 47 year old woman was injured on ____ while employed with _____. She has had ESI's times three, trigger point injections using Toradol have also been administered. The MRI shows L5/S1 disc desiccation, foraminal stenosis and disc bulging.

RECORDS REVIEWED

Records reviewed include the following:

Records from Carrier:
Letter from E. Holmes of Stone, Loughlin and Swanson with exhibits
Notes from TX Med Clinic and PT notes

TWCC 73 forms
Notes and operative reports from Carrasco Pain Institute
Notes from the Pain Spa
Note from South TX Spinal Clinic
MRI-Baptist M&S Imaging Center
Notifications from CNA

Records from the Treating Doctor:

Notes and Operative reports from Carrasco Pain Institute

REQUESTED SERVICE

The requested service is a trigger point injection times one with four to six injection sites in the lumbar spine.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The actual documentation of trigger points is lacking according to the reviewer. Rather the clinician 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 four major criteria of which all must be present. The major criteria include: 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 on point along the length of the taut band and some degree of restricted range of motion, when measurable. Three of the four minor criteria must be met as well. These minor criteria include the following: 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 into the tender spot and 4) pain alleviated by elongating (stretching) the muscle or by injecting the tender spot as per the ASIPP Practice Guidelines.

The reviewer also notes that the Cochrane library only supports the use of local injections (local anesthetics and corticosteroids) for short term pain relief. There are not studies to support their use chronically. Lastly, the reviewer indicates there are not papers that address the use of Toradol as an agent for trigger point therapy.

REFERENCES

Manchikanti et al ASIPP Practice Guidelines Interventional techniques in the Management of Chronic Pain: Part 2.0, Pain Physician 2001; Vol 4, No. 1, pp24-98.

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

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 Division via facsimile, U.S. Postal Service or both on this 6th day of November 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli