

Health Decisions, Inc.**1900 Wickham Drive****Burleson, TX 76028****P 972-800-0641****F 888-349-9735**

March 8, 2019

IRO CASE #: XX**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Trigger point injections, XX or more muscles XX XX battery site.**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Board Certified in Pain Medicine and Anesthesiology**REVIEW OUTCOME:**

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

 Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a XX year old XX who presents with a diagnosis of complex regional pain syndrome after injury in XX. XX has had a XX XX stimulator placed and reports pain around the XX site. XX last had trigger point injections in XX. XX provider is requesting trigger point injections, XX or more muscles XX XX battery site.

XX – Initial Pain Evaluation-XX: Dear XX: Thank you for referring XX for pain evaluation and treatment. As you recall, XX is a XX year old XX with a chief complaint of chronic persistent XX XX burning pain which XX states is often throbbing, aching with swelling, XX deficits, temperature and color changes. HPI: The pt gives a longstanding history XX XX pain having been evaluated by numerous physicians conduction testing showed nerve entrapment locally. XX underwent arthroscopy followed by another MRI and repeat surgery including cleaning out of the XX XX. I do not have this specific surgical note here today. We do have reference however to XX XX of the XX XX and XX following a XX while at work. Unfortunately, the patient feels XX pain is getting worse 10/10. XX feels XX cannot go on. XX feels

XX XX has been XX from XX. XX XX XX XX of XX both at XX or XX at XX at XX formal capacities become XX XX and XX. XX admits XX XX XX and XX XX. XX feels XX pain is constant with some days worsen other depending on environmental factors and XX including physical activity. XX feels XX XX often gives out from under XX consistent with the proprioception deficits. XX feels the pain often ascends into the mid XX area and to XX XX. Apparently XX has been worked for XX XX which was negative. Today XX Homan testing was negative. XX denies any fever, chills or night sweats. XX has had no similar injuries in XX past. Diagnoses: 1) Chronic XX XX and XX pain associated mild swelling, XX, XX and chronic burning pain following work-related injury. 2) Cannot rule out complex regional pain syndrome of XX XX and XX following work injury and subsequent surgical intervention. 3) Secondary XX pain syndrome of the XX XX. 4) Moderate reactive XX, XX in chronic XX pain state.

XX – Operative Report-XX: Preoperative Diagnosis: Complex regional pain syndrome, XX XX and XX, from work-related injury. Postoperative Diagnosis: Complex regional pain syndrome, XX XX and XX, from work-related injury. Procedures Performed: 1) Implantation of dual XX XX XX stimulating electrodes (XX) under fluoroscopy. 2) Connection to an XX of primary advanced XX, primary cell battery. 3) Intraoperative program analysis of XX XX XX electrodes. 4) Postoperative program analysis of XX XX XX. Complications: None. Indications for Procedure: The patient has ascended ladder of care regarding XX XX XX and XX pain complaints following XX work injury, subsequent failed surgical interventions with persistent XX and XX pain recently amenable to an outpatient trial of XX XX XX resulted and wants to go ahead with XX of this device. The risks, benefits, and side effects were discussed and informed consent was obtained. XX XX IV was given for XX.

XX – Physician Notes-XX: Follow up note: XX continues to do well with XX stimulation assessing more than 70% to 90% improvement of XX XX and XX pain complaints utilizing this device. XX is utilizing the entire electrode which reanalyzed today. XX is using XX cream directly on the sensitivity. Overall, XX is walking. XX is exercising. XX has marking improved function both at home and in the community including working up to XX to XX hours per XX for XX. XX medicines have come down. XX is off XX analgesia. XX is only taking XX prn and XX at XX. Today, XX is remarking XX pain is 1-2/10. XX online XX assessment shows good affect. XX CESD was 6/60 showing much improved affect 1/21 XX feels XX is post for XX stimulation and XX is happy to represent this device from the benefits XX has gained to anyone. XX does have a XX dual XX technology and XX is utilizing across both XX primary XX greater than XX, void of side effects.

XX – Physician Notes-XX: XX presents today for further care of XX XX and XX pain complaints. XX is using XX stimulation with excellent relief of pain. We had to have XX on dual XX technology. XX is utilizing the middle XX electrodes across XX leads. We reanalyzed and XX XX today. XX is using a XX system. As a result, we are hoping to get at least XX to XX years of XX life. Today, XX is reporting more than 70% pain relief. XX is off XX analgesia. XX is do to have some pain however the XX XX battery site. XX does have trigger point tenderness. Trigger point tenderness associated with this injury including CRPS is a concern. As a result, I am going to recommend immediate injection therapy and/or an anesthetic cream to be applied over this area. XX devices can be infected with the XX condition known as XX. Immediate treatment is imperative. I did put XX back on XX or XX today at XX tid and XX at XX. I did talk about further XX XX elimination of food groups taking cause inflammation and we will schedule XX for this in the near future. XX intake XX was negative for XX XX XX. Online XX assessment shows good pain XX mechanism 9/60 ono XX CESD and 2/21 on XX GAD-7 test.

XX – Physician Notes-XX: XX presents today for further care of XX XX and XX pain complaints effectively treated with XX XX XX allowing to be functional XX to worse and exercise. XX is reporting more than 70% improvement of pain. XX is having some trigger point pain around the XX XX site in XX XX XX area. Informed consent was obtained. The patient's XX was XX and XX. XX is getting excellent XX and XX coverage utilizing the middle XX electrodes. Following this, trigger points were identified in the XX XX area in the XX site, this is not uncommon. This area was prepped with alcohol sponge and XX spray was applied until whiteness was obtained. Then XX-gauge XX inch needles were introduced into each trigger point. After negative aspiration test for XX, XX of X and 1.XX of .XX% XX was distributed in a fan-like manner x4 and the needles were removed intact from the skin. The patient tolerated the procedure well. Bandage was placed at the injection site. Continue walking exercise therapy. Based on response to this care, further injection therapy may be advised.

XX – Physician Notes-XX: Follow up note: XX is using a XX XX with at least 70% improvement of XX ongoing pain complaints. XX is more functional and more active because XX XX XX and XX pain effectively treated with XX XX XX. XX is still having some pain around the battery site. Trigger injection therapy at the time of XX last visit was XX and alleviating XX pain. As a result, we are going to continue XX on XX XX XX tid and XX at XX. We did palpate the XX site and it appears to have been injected with the XX. There is some redness. There is no warmth however. XX denies any fever, chills or night sweats. Further injection therapy about the XX site may be offered in the future including corticosteroid, local anesthetic solution but XX is at least 70-80% improved. XX is walking. XX is exercising on XX and XX is looking forward to the XX period. XX intake XX was consistent with these agents. There is no evidence of XX XX XX.

XX – URA Determination-XX: Texas Insurance Code 4201 requires all XX XX insurers performing utilization review of health care services provided to persons eligible for XX XX medical benefits and insurance coverage be certified as a utilization review agent. XX (XX) is a Utilization Review Agent certified under this code. Utilization review for XX has been completed for the dates of service from XX to XX. Your request was reviewed by a licensed practitioner specializing in Anesthesiology and has rendered a non-certification decision. Decision/Clinical Rationale as stated in the peer reviewer's report: Request: Trigger point injections, XX or more muscles XX XX XX site is non-authorized per peer review. Explanation of Findings: The date of injury is XX. The injured worker currently has a XX column XX in place. The office visit note of XX states the injured worker utilizes the XX column XX with improvement and is more functional. The injured worker has pain around the battery site for the XX XX XX, for which prior trigger point injections were undertaken XX. The provider is requesting additional injections, but the documentation does not substantiate circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as per ODG. As such, this request is not medically necessary. The request for trigger point injections, XX or more muscles XX XX at the XX site is not medically necessary or appropriate. References used in support of decision: ODG XX, XX XX, Trigger point injections.

XX – Physician Notes-XX: Follow up note: XX continues to have XX XX XX XX site pain which was placed for XX XX XX and XX doctor. We are requesting treatment about the XX site for XX XX XX and XX doctor. This is for the XX pain condition whereby XX is getting more than 80-90% pain relief, improved function, decreased use of meds, improved activities both at home and in the community as a direct result of treatment for XX as a XX pain condition. That has been reported in the literature and has been based on my XX years plus of experience that occasionally the XX site whatever is placed in the XX XX, the XX area not in the XX and XX of course but where the XX is placed to treat the XX and XX become hyper-esthetic, XX and painful that is the case here today. As a result, we are recommending a corticosteroid local anesthetic solution injection about the XX site, this is for the XX XX and XX doctor. That is why we are requesting trigger injection therapy utilizing a corticosteroid, local anesthetic so that the XX site does not become more problematic. We have already applied topical cream. We have already bumped XX XX. XX is off XX analgesia. XX does not want to go back on XX analgesia. As a result, we are going to have to resubmit for trigger injection therapy reasonable and necessary treatment based on this gentleman's clinical presentation as diagnosed and treated by this board certified fellowship plan. Addendum: XX affect has improved dramatically as XX CESD was 9/60 and XX GAD-7 was 3/21. XX had marked XX, pain about the XX site in XX XX XX area and we will arrange for trigger injection therapy utilizing corticosteroid local anesthetic, pending insurance authorization.

XX – URA Re-Determination-XX: Texas Insurance Code 4201 requires all XX XX insurers performing utilization review of health care services provided to persons eligible for XX XX medical benefits and insurance coverage be certified as a utilization review agent. XX (XX) is a Utilization Review Agent certified under this code. Utilization review for XX has been completed for the dates of service from XX. Your request was reviewed by a licensed practitioner specializing in Anesthesiology and has rendered a non-certification decision. Decision/Clinical Rationale as stated in the peer reviewer's report: Request: Trigger point injections, XX or more muscles XX XX XX site is non-authorized per peer review. Explanation of Findings: The injured worker is a XX year old XX with an injury date of XX. XX had XX XX surgery and a XX XX XX (XX) placed in XX. The request for trigger point injections, XX or more muscles of the XX XX XX site, is not medically necessary. The injured worker had this done on XX and when seen XX months later, XX noted XX still had pain. There is no indication XX had a true therapeutic effect from this, or any documented functional benefit. Also, on current exam, there is no documentation of actual trigger points with twitching, jump sign, or referral of pain with palpation to meet ODG criteria for doing a trigger point injection. The request for trigger point injections, XX or

more muscles of the XX XX XX site, is not medically necessary.

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

Based on the records submitted and peer-reviewed guidelines the request for trigger point injections, XX or more muscles of the XX XX XX site, is not medically necessary. The injured worker is a XX year old XX with an injury date of XX. XX had XX XX surgery and a XX XX XX (XX) placed in XX. The injured worker had this done on XX and when seen XX months later, XX noted XX still had pain. There is no indication XX had a true therapeutic effect from this, or any documented functional benefit. Also, on current exam, there is no documentation of actual trigger points with twitching, jump sign, or referral of pain with palpation to meet ODG criteria for doing a trigger point injection. The request for trigger point injections, XX or more muscles of the XX XX XX site, is not medically necessary.

PER ODG:

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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)



**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**