

MDR Tracking Number: M5-03-1515-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that trigger point injections and related supplies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that trigger point injections and related supply fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 8/2/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

April 4, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ 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 \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor specialized in Occupational Medicine. The \_\_\_ 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 \_\_\_ 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

\_\_\_ sustained an injury at \_\_\_ on \_\_\_ while lifting a 200-pound pipe from a rail by himself. He felt a “pop” and immediate pain to the right shoulder and right neck region. He reported the injury to his supervisor. Due to the pain, his supervisor took him to the company doctor. X-rays of the right shoulder and neck were done, and he was given medication for pain. He was released to light duty work, sent to physical therapy and , after a few weeks, he was taken off work and referred to a neurosurgeon for surgical consultation. An MRI scan was done. Based on the MRI scan results, \_\_\_ was recommended a cervical discectomy and fusion at the C5/ and C6/7 levels by \_\_\_. He underwent surgery to the cervical spine on 3/4/02 and then transferred to \_\_\_ so that his family could help him manage his life. \_\_\_ filed a TWCC-53 with TWCC with \_\_\_ as his new treating doctor.

After transferring to \_\_\_, \_\_\_ treated with \_\_\_ He appears to have been given three series of trigger point injections. The second series was on 7/19/02 and the first series being six weeks prior. He received the third series of trigger point injections on 8/2/02. Because of continued complaints and findings, he was evaluated by \_\_\_ and underwent surgery to the cervical spine for a second time on 8/8/02. The operative report from \_\_\_ shows that \_\_\_ stated that \_\_\_ had a very transient degree of improvement but then had increasing amounts of neck pain, arm pain, and headaches. This did not resolve over approximately six to seven months.

#### DISPUTED SERVICES

Under dispute is the medical necessity of trigger point injections and related supplies and services provided to \_\_\_ on 8/2/02.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The letter from \_\_\_, Final Request for “Medical Dispute Resolution,” dated 3/18/03 showed the TWCC Spine Treatment Guidelines were used by \_\_\_, the treating doctor. However, the Employee’s Request to Change Treating Doctors shows \_\_\_ as the treating doctor for this case. The reports of 4/18/02 are signed by \_\_\_, and not by \_\_\_.

The aforementioned letter of 3/18/02 shows that \_\_\_ used the TWCC Spine Treatment Guidelines as part of the reason for the trigger point injections on 8/302. That letter does mention that the Texas Legislature abolished the Treatment Guidelines on 12/31/02. The letter also states that the requestor could not find, at the time of the treatment, any other guidelines to follow. The letter also states that the state does not recognized the TWCC Spine Treatment Guidelines. Therefore, the TWCC Spine Treatment Guidelines cannot be used to justify the trigger point injections.

The letter also states that \_\_\_ saw \_\_\_ for follow-up visit on 7/17/02 and requested another cervical spine surgery to alleviate the pain that he was having from the disc protrusion at C6/7 and C7/T1. \_\_\_ submitted the request for the surgery. The letter also states that the patient was still having significant neck pain that was being caused by the disc herniation and the trigger points. \_\_\_ returned to see \_\_\_ in \_\_\_. The letter then states that \_\_\_ was referred to \_\_\_, an anesthesiologist, to determine if \_\_\_ could do anything to relive his pain until his surgery was approved. However, in reviewing \_\_\_ note of 6/7/02, he does not mention any referral to pain management for trigger point injections. The letter also mentions that there was improvement from the previous trigger point injections. However, the notes of 7/19/02 and 8/2/02 show that \_\_\_ rated his overall pain a five on a scale of one to ten on both visits. The reports mention a 60% decrease in muscle tenderness and spasms on both of these reports.

The letter of 3/18/03 states that \_\_\_ surgery was approved and was done on 8/8/02. The letter mentions that neither the patient, nor the insurance company, nor the surgeon notified the treating physician of the approval. Because the approval was not given to the treating physician, and because the first series of trigger point injections went so well, the second series was given.

Therefore, based upon the above information, \_\_\_ pain, as documented by \_\_\_, was probably from the segments above and below the initial surgery. \_\_\_ stated that this was not going to change from what he saw radiographically and on the imaging studies. He recommended removal of the plate at C5-C7 and add two discs above this as well as the discs below with plating as well.

Gordon Waddell, M.D., in his book, *The Back Pain Revolution*, states that trigger point injections can assist pain control during the initial phase of rehabilitation and enable patients to start active exercise. They should be for a strictly limited time and only if the patient shows improvement in function. They should not be used in isolation for symptom relief.

In summary, the medical records show that \_\_\_ continuing pain and complaints were from structural findings to the cervical spine. Documentation from \_\_\_, 7/19/02 and 8/2/02 shows that \_\_\_ rated his overall pain the same, a five on a scale of one to ten. \_\_\_ noted on his initial visit of 6/7/02 that the treatment was surgical. The trigger point injections had no overall impact on \_\_\_ pain, for which he ultimately required a second surgical procedure to the cervical spine. Therefore, \_\_\_ treatment was surgery, and not trigger point injections at that time.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

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

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,