

Notice of Independent Review Decision

DATE OF REVIEW: 04/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eight Botox chemodenervations with EMG guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated 05/09/91
Evaluations with M.D. dated 11/01/00, 11/28/00, 01/02/01, 01/30/01, 06/12/01, 10/16/01, 07/16/02, 09/10/02, 10/10/02, 11/05/02, 03/25/03, 10/06/03, 02/09/04, 03/15/04, 05/17/04, 08/24/04, 11/30/04, 01/25/05, 04/26/05, 06/14/05, 09/13/05, 12/13/05, 01/24/06, 04/25/06, 06/27/06, 09/19/06, 11/14/06, 01/25/07, and 03/22/07
Procedure notes from Dr. dated 11/08/00, 12/14/00, 01/17/01, 02/08/01, 04/09/03, 12/18/03, 06/17/04, 12/20/04, 05/12/05, 09/29/05, 05/03/06, and 10/04/06
Letters of authorization from dated 12/05/00, 02/05/01, 06/19/01, 08/01/01, 06/18/03, 12/08/03, 02/16/04, 05/24/04, 05/28/04, 12/06/04, 05/03/05, and 09/19/05
Letters of non-authorization from dated 07/23/02, 08/06/02, 09/17/02, 10/17/02, 10/13/03, 03/10/04, 12/29/04, 05/13/05, 03/29/07 and 04/05/07
Letters written by Dr. dated 07/25/02, 04/29/03, 03/05/04, and 03/30/07
An independent review from M.D. at dated 03/03/03
A behavioral medicine consultation with Ph.D. and D. Ph.D. dated 03/25/03
An evaluation with M.D. at Forte dated 10/09/06

PATIENT CLINICAL HISTORY [SUMMARY]:

On 11/01/00, Dr. recommended a lumbar MRI and injections. Myoneural injections were performed by Dr. on 11/08/00 and 12/18/03. On 12/14/00, Dr. performed a right psoas compartment plexus block and myoneural injections. On 01/17/01, Dr. performed a left psoas block with myoneural injections. On 02/08/01, Dr. performed a left psoas block and Botox injections. On 06/12/01, Dr. recommended Botox injections. Forte wrote a letter of authorization for Botox injections on 06/19/01 and 08/01/01. On 10/16/01, Dr. ordered an MRI of the lumbar spine. Dr. continued to request Botox injections on 07/16/02 and 11/05/02. wrote letter of non-authorization for Botox injections on 07/23/02 and 08/06/02. On 03/03/03, Dr. felt the Botox injections were medically necessary. On 03/25/03, Dr. recommended spinal cord stimulator trial. Botox injections were performed by Dr. on 04/09/03, 06/17/04, 12/20/04, 05/12/05, 09/29/05, 05/03/06, and 10/04/06. On 04/29/03, Dr. requested a spinal cord stimulator. On 03/05/04 and 05/17/04, Dr. continued to request Botox injections. On 12/13/05, Dr. prescribed Skelaxin and Ultracet. On 10/09/06, Dr. recommended weaning the medications and discontinuation of injections and also recommended a home exercise program only. On 03/22/07, Dr. requested further Botox injections, Lortab, and Baclofen. On 03/29/07 and 04/05/07, wrote letters of non-authorization for Botox injections.

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

This patient did not sustain any identifiable damage, injury, or harm to any part of his body as a result of the lumbosacral strain injury almost 16 years ago. All of the objective imaging studies performed have demonstrated that lack of pathology, including MRI scans and CT scans of the lumbar spine and EMG studies. Therefore, the patient's subjective complaints of lumbar and bilateral lower extremity pain have no identifiable organic basis. Moreover, Dr. implanted a spinal cord stimulator system in this patient, which obviously would not have been requested and subsequently performed had the patient been obtaining sufficient relief from the Botox injections, which Dr. had been performing for some three years prior to his request for a spinal cord stimulator trial and subsequent implantation of a spinal cord stimulator system. There would have been no medical reason or necessity for a spinal cord stimulator to be implanted if the patient had been obtaining sufficient relief from the Botox injections that Dr. was performing. Dr. has cited several studies in his requests for repeat Botox injections for this patient. However, none of those studies provide data specifically for indication of treatment of lower back or lower extremity pain, which is the condition Dr. is treating in this patient. Two of the studies that Dr. cites, in fact, are of small populations treated for cervical and upper back pain. The third study is of a somewhat larger but still statistically small number of patients treated for multiple different complaints including head and neck pain, upper back pain, and lower back pain. Therefore, none of the studies cited by Dr. actually provides a clear scientific basis for use of Botox for treating this patient's clinical condition. Therefore, since there does not appear to be any organic source of this patient's alleged pain, which is not surprising given the relatively minor lumbosacral strain that occurred 16 years ago, there is no medical reason or necessity for Botox injections as related to the work injury of 1991. Additionally, given the request for trial and subsequent permanent placement of a spinal cord stimulator system, it is certainly implied that this patient was not obtaining significant benefit from treatment before the spinal cord stimulator system treatment, which included Botox injections. Absent any objective evidence of damage, injury or harm, clear sustainable benefit from Botox injections, medical studies supporting the requested use of Botox for apparently non-physiological and non-organic lumbar and lower extremity pain complaints, and lack of any evidence that this patient has been participating in other means of treatment including home exercise since Dr. began treating him some seven years ago, there is no medical reason or necessity for the requested eight Botox chemodenervation injections with EMG guidance as related to the original injury of 04/26/91.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE

- 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)**