

# Clear Resolutions Inc.

An Independent Review Organization  
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## IRO REVIEWER REPORT TEMPLATE -WC

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### **DATE OF REVIEW:**

AUGUST 27, 2007

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

8 Botox injections with EMG guidance

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

American Board of Physical Medicine and Rehabilitation and specialized in Pain Management

### **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)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Letter by Dr., 07/10/07  
Peer review recommendation, 07/16/07  
Letter, 07/17/07, 07/27/07  
Case notes, 07/11/07 - 07/26/07  
request for review, 08/03/07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The question in review relates to the medical necessity of eight Botox injections in the lower back with EMG guidance to be completed in one visit with Dr. from Institute.

The claimant is a woman who was injured on the job. At that time some boxes fell on her back. She returned to work full duty on 10/05/05 and was thought to be at maximal medical improvement. The case was closed on 12/28/05.

At this time a new injury was claimed, which was subsequently denied and felt to be an extension of the old injury. New MRI of the lumbar spine revealed evidence of herniated disc at L2-3 with osteophyte and bulging disc, flattening of the thecal sac as well as an L4-5 minimal bulge disc with facet arthropathy. The claimant had already received two epidural steroid injections plus trigger point injections and physical therapy. A third epidural steroid injection was denied as of 05/07.

Dr. note of 07/10/07 documents that she has areas of active and reproducible trigger point tenderness in the quadratus lumborum and gluteus maximus and gluteus medius; although the sides are not specified. Decreased range of motion was noted secondary to pain. He recommended Botox chemo denervation injections with EMG guidance for needle localization to the above musculature to decrease pain and increase function, increase range of motion and decrease medication intake and that she would be in a work conditioning four hours a day, five days a week for three to four weeks.

D.O., with sub specialization in pain medicine reviewed this request on 07/17/07 and denied the request based on the Official Disability Guidelines noting insufficient scientific evidence of the efficacy of Botox in the treatment of back pain. On 07/27/07, Dr. reviewed the request for 20 sessions of work conditioning and this was denied. Dr. also denied the Botox injections with EMG guidance.

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

Refer to the Official Disability Guidelines for Botox injections for patients with chronic low back pain. According to Official Disability Guidelines, there is some evidence that suggests that Botox may relieve pain and improve function. Initial data from small trials suggests that Botulinum Toxin Type A is effective in alleviating back pain on select patients. However, inadequate clinical data is present to validate the effectiveness of this treatment. There is currently insufficient scientific evidence of the effectiveness of Botulinum Toxin injection for the treatment of low back pain. Therefore, the request for eight Botulinum Toxin injections with EMG guidance is found not to meet the criteria for medical necessity.

Official Disability Guidelines: 2007 Updates: Low back: Botox

Not recommended. Paravertebral administration of Botulinum toxin A in patients with chronic low back pain may relieve pain and improve function. Initial data from small trials suggest that Botulinum toxin is effective, alleviating back pain in selected patients. On the basis of these promising results, additional study in larger trials is warranted. If approved, the number of injections should be limited to one, followed by exercise. A number of studies have evaluated the effectiveness of Botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of Botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of Botulinum toxin in the treatment of back pain.

**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)