



REVIEWER'S REPORT

DATE OF REVIEW: 08/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right psoas block with Botox chemodenervation under fluoroscopy and five Botox chemodenervation injections with EMG guidance.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas with active medical license, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, actively practicing Pain Management for over 20 years

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Physical therapy notes from Physical Therapy
2. Lumbar MRI scan dated 05/02/07
3. Medical progress notes from Dr.
4. Medical progress notes from Dr. from 05/23/07 through 07/20/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured while working as a cafeteria cook. According to documentation, the claimant slipped and fell onto her right side as she walked next to the dishwasher in the cafeteria. As a result of that injury, the claimant complained of lumbar pain radiating to the right lower extremity. She was diagnosed with a lumbar strain. On 04/18/07 the claimant was referred by Dr. to Physical Therapy and received an initial

evaluation. The claimant reported paresthesia in the left foot as well as lumbar pain. A lumbar MRI scan was performed on 05/02/07 demonstrating moderate facet hypertrophy in the lower levels of the lumbar spine with mild narrowing of the L5/S1 disc space, L4/L5 disc bulging, and moderate facet hypertrophy with no nerve root impingement. At L5/S1 moderate facet hypertrophy was also noted with a generalized disc bulge and mild left foraminal stenosis. There was "minimal" left side nerve root impingement. The claimant was seen in followup by Dr. on 05/11/07, still complaining of "a lot of pain." Dr. stated that the claimant could return to work with restrictions of no kneeling, bending, pushing, or twisting but ability to climb stairs, grasp, reach, overhead reach, or keyboard throughout the day. On 05/23/07 Dr. initially evaluated the claimant, documenting her lower back pain and right lower extremity pain radiating to the heel. He recommended right sacroiliac joint injection with trigger point injections followed two weeks later by a right psoas compartment plexus block with trigger point injections. On 06/13/07 Dr. performed right sacroiliac joint injection as well as trigger point injections in the quadratus lumborum and gluteus maximus. He followed up with the claimant eight days later, reporting "greater than 50% relief of her symptoms" but still documenting lower extremity pain radiating to the right leg. No physical examination was performed. On 07/02/07 Dr. performed L3 and L4 right psoas compartment plexus blocks as well as six more trigger point injections in the quadratus lumborum, gluteus medius, and gluteus maximus bilaterally. Dr. followed up with the claimant on 07/06/07, stating that she was capable of full return to work duties without any restrictions. Six days later Dr. followed up with the claimant, stating that she had "approximately 90% relief" of her symptoms followed by gradual pain return. He stated that the claimant now should undergo Botox chemodenervation injection of the right psoas compartment with EMG guidance. Dr. also fully agreed with Dr. regarding the claimant's ability to return to full duty work without limitation. An initial review by a physician adviser on 07/18/07 recommended nonauthorization of the requested procedure. Dr. then wrote a letter of reconsideration on 07/20/07, again requesting the procedure. A second physician adviser review on 07/24/07 recommended nonauthorization of the requested procedure.

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

This claimant underwent one injection of the psoas compartment as well as two sets of trigger point injections to the quadratus lumborum and gluteus muscles as well as a right sacroiliac joint injection. Therefore, whatever pain relief she allegedly obtained from the psoas compartment injections is not at all clear since she also received six quadratus and gluteus trigger point injections bilaterally at the same time. Moreover, ODG guidelines clearly do not support the use of Botox chemodenervation for psoas compartment block nor do these guidelines support or recommend the use of botulinum toxin injections for lumbar pain at all. The claimant also was deemed fit for full return to work without restrictions by Dr., her treating doctor, on 07/06/07 with Dr. fully agreeing with that assessment six days later. Therefore, according to DWC guidelines, treatment to return a claimant to work when the claimant is already back at full duty work without restriction would not be medically reasonable or necessary. Finally, in his letter of 07/20/07, Dr. points to several different studies regarding the use of botulinum toxin injection for treatment of various myofascial pain syndromes. None of those studies, however,

directly addresses the use of botulinum toxin for psoas compartment block, nor are any of those studies of sufficient sample size or clinical duration to be considered valid and sufficient for providing sufficient scientific evidence of the clinical efficacy of Botox treatment for myofascial pain. None of the studies, in fact, even address psoas compartment block with botulinum toxin. In fact, most of the studies cited by Dr. in that letter involve botulinum toxin injection for head and neck pain.

Therefore, since the procedure is not supported by ODG guidelines, there are no valid scientific studies demonstrating long-term efficacy of botulinum injection of the psoas compartment, the patient has already been deemed fit to return to full duty work without restrictions, and no more than one diagnostic injection of the psoas compartment was performed by the requesting doctor (along with other trigger point injections that could have clearly contributed to the clinical benefit that the treating doctor alleges was due to the psoas compartment block alone), there is no medical reason or necessity for the requested Botox chemodenervation injections with EMG guidance. The adverse determination, therefore, is upheld.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)