

## **IRO REVIEWER REPORT TEMPLATE -WC**

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### **DATE OF REVIEW:**

FEBRUARY 23, 2007

### **IRO CASE #:**

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

Botox injections of cervical C7-T1 thoracic 1-2 trapezius muscles.

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

Board Certified in Anesthesiology with Certificate of 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**

Medical information has been reviewed from several different physicians including, but not limited to, Drs. for dates beginning 2/2/04 through 1/9/07. Additionally, multiple radiological imaging study reports have been provided for review, as well as the reports of the physicians who have previously reviewed the request for pre-authorization.

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

This Patient was allegedly injured on. No mechanism of injury, however, is documented in the file. A cervical MRI on October 15, 2003 demonstrated a left posterior paramedian disc herniation at C5-6 with some mass effect on the exiting nerve root at this level. Disc bulges were seen at C3-4 and C4-5, but no spinal cord or nerve root compression.

Dr. performed electrodiagnostic studies on November 4, 2003 demonstrating evidence of bilateral ulnar neuropathy, but no definitive evidence of cervical radiculopathy.

On January 8, 2004, the Patient was seen by Dr. a neurosurgeon, who incorrectly stated that the MRI demonstrated foraminal stenosis on the left at C7-T1 when, in fact, that report made no such mention. Dr. referred the Patient to Dr. for left C8 transforaminal nerve root block on February 2, 2004. This injection was performed by Dr. producing no relief of the Patient's pain.

On August 15, 2005, some 18 months later, the Patient was seen in follow-up by Dr. for "severe neck pain unresponsive to all conservative treatments". Physical exam documented that the neck was supple with no rigidity. Muscle tone was said to demonstrate nonspecific moderate muscle spasms. The facet joints were said to be tender bilaterally. Dr. then performed bilateral cervical facet joint injections at the C6-7 level on August 15, 2005.

On March 21, 2006, Dr. performed C4-5 and C6-7 anterior discectomy and cervical fusion using bone graft and instrumentation. In his operative note, he made mention that the Patient had a previous C5-6 fusion that was found to be solid.

On June 8, 2006, cervical spine films were taken demonstrating solid fusion from C4 through C7. Cervical MRI on that date also showed solid fusion from C4 through C7 with no evidence of recurrent or residual disc herniation or foraminal encroachment.

Dr. followed up with the Patient on December 1, 2006 noting his primary complaint of "mid intrascapular pain." Physical exam documented nonspecific tenderness in the "intrascapular region." The patient was then referred to Dr. on January 9, 2007 for "severe neck pain unresponsive to all conservative treatment." Dr. noted the Patient had previously undergone fusion. The pain level was documented at 4/10, identical to the pain level Dr documented on August 15, 2005. Physical exam documented moderate spasms from C7 to T3 and in the trapezius and rhomboid muscles.

Dr. then requested bilateral Botox injections of the trapezius muscles. A formal request was submitted on January 10, 2007 for "Botox injections of C7-T1, T1-2 trapezius muscles." The procedure was requested to be performed in an outpatient facility under fluoroscopy with MAC anesthesia. Two separate physician advisors then appropriately reviewed the request, both recommending denial based upon the request not being medically reasonable or necessary.

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

Based upon the entirety of the records that were reviewed the Reviewer determined, there is no valid evidence of this Patient having myofascial pain, nor that he has, as Dr. asserts, exhausted all conservative treatments. In fact, since the surgery performed by Dr. on March 21, 2006, there is no treatment documented of the Patient's residual neck pain. Moreover, the Patient has had no diagnostic trigger point injections to even determine whether he has focal myofascial pain which would even provide necessity for consideration for Botox injection. Finally, physical examination does not document evidence of cervical or trapezius muscle dystonia. Botox injection is not medically reasonable or necessary as an initial course of treatment, nor is it medically reasonable or necessary unless a Patient has had at least diagnostic and confirmatory trigger point injections performed to validate the diagnosis of myofascial pain and muscle dystonia. In this case, based upon the records that have been provided, the Patient has had no documented treatment for his residual pain since fusion surgery in March 2006, has no evidence on physical exam of cervical or trapezius muscle dystonia, and has no valid evidence to support a diagnosis of myofascial pain syndrome or to provide an indication for the performance of Botox injections. Additionally, medical literature does not definitively demonstrate the efficacy of the requested treatment for myofascial pain, a diagnosis which, in this case, has still not been proven. This Patient has residual neck pain with no definitive diagnosis or source of pain identified. In this case, and because Botox injections have not been scientifically proven to be efficacious for this Patient's nonspecific residual neck pain following cervical fusion, the request is not medically reasonable or necessary.

**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)