



Specialty Independent Review Organization

DATE OF REVIEW: 7/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include 8 Botox chemodenervation injections with EMG guidance to the left trapezius, iliocostalis, levators, rhomboids and deltoid muscles.

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

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management and who has greater than 10 years of experience in this field.

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)

The reviewer agrees with the previous adverse determination regarding all services under dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the carrier, treating doctor and from the URA.

The records consist of the following from the carrier: 7/12/07 letter by, UR findings and review consideration (6/26 to 6/29/07), notes (2/18/99 to 3/13/07), 5/13/02 lumbar MRI report, notes from Dr. (5/2/02), note from, MD 12/20/01, 7/17/01 report by, Ph D.

Records from Dr. consist of the following (in addition to any previously mentioned records): notes from Dr. 11/30/04 through 6/19/07.

Records from the URA consist of the following: (in addition to any previously mentioned records): 7/12/07 letter, Form LHL009 and attachments, preauth requests (undated) by Dr. and 6/26/07 preauthorization request for reconsideration by Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a gentleman who sustained a work related injury in xxxx when he slipped and fell resulting in neck and shoulder pain. He has had physical therapy, Cervical ESI's, TENS, Trigger point injections with Toradol and a chemodenervation with EMG in 2000.

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

The 10th edition of the ODG states Botox is not recommended for back and neck pain. While Dr. has submitted some interesting abstracts. The studies by Qerema et al (Qerema E, et al A Double Blind Controlled Study of Botulinum Toxin A in Chronic Myofascial Pain. Neurology 2006; 67:241-245) demonstrated in a much more robust study that there was no effect on either pain or pain thresholds compared to isotonic saline injections.

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) Qerema E, et al A Double Blind Controlled Study of Botulinum Toxin A in Chronic Myofascial Pain. Neurology 2006; 67:241-245
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)