Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: MAY 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of one visit of eight Botox Chemodenervation injections w/ EMG guidance

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

☐ Upheld (Agree)

XX Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Botox Chemodenervation injections		Prosp	8					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 15 pages of records received to include but not limited to: Letter, FOL, 5.14.07; ODG-TWC guidelines for low back; Coverage determinations for Botox; Letters 4.17.07, 4.25.07

Requestor records- a total of 42 pages of records received to include but not limited to:
Patient records, Dr. 5.29.02-4.23.07; X-Rays, 9.19.02, 4.30.07; Lab report, 5.30.02;

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient with a long-term back injury. A lumbar spinal cord stimulator has been in place for many years. The patient has documented excellent results short term with trigger point injections in the past. The patient has continued in chronic pain and given the fact that trigger point injections have been effective short term in the past, but given high levels of relief, it is reasonable to proceed with Botox injection for long-term trigger point denervation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The carrier uses denial based on category of back pain not being successfully treated with chemo-denervation in long term trials, but has been successfully demonstrated in some early literature. This particular case is not just a back pain patient. This is a patient that has a failed lumbar syndrome with spinal cord stimulator and had fairly good pain relief as to the spinal cord stimulator with the exception of muscle pain that has been documented to be very well controlled with trigger point injections.

The rationale on the basis of the carrier's denial is narrower in scope and does not contemplate patients of this nature. Patients of this complex nature that are high cost and high burden to the treatment facilities are typically treated with a more aggressive approach to try to reduce utilization and cost on unnecessary frequent physician follow-ups and medications. I believe that given the standards of care for use of botulism toxin A in the community for denervation and this individual's particular needs, this is an excellent case for chemo-denervation trial. I would recommend one trial with multiple sites, since the medication has to be purchased in single-use vials, and that EMG guidance is the appropriate way to properly direct the medication. If this patient gets long-term improvement of pain, i.e. 4-6 months, an additional consideration of future treatment will be based on that.

My rationale is based on treating individuals in the community with chronic intractable myofascial pain and the research provided by Dr. regarding the use of Botox and myofascial pain. I personally have used Botox for myofascial treatment on occasion and have found it to be effective as well.

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
- XX 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)