

RYCO MedReview

DATE OF REVIEW: 05/29/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One visit of eight Botox chemodenervation injections with EMG guidance

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
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

Evaluations with M.D. dated 09/11/91, 10/01/91, 10/16/91, 10/30/91, 11/25/91, 12/23/91, 01/20/92, 03/23/92, 07/10/92, 10/20/92, 01/22/93, 04/30/93, 08/16/93, 12/06/93, 03/07/94, 06/06/94, 09/15/94, 01/12/95, 04/17/95,

07/10/95, 10/13/95, 02/16/96, 05/02/96, 09/03/96, 12/17/96, 04/08/97, 07/15/97, 10/15/97, 02/10/98, 05/11/98, 08/11/98, 11/12/98, 01/04/99, 03/05/99, 06/07/99, 09/27/99, 12/23/99, 03/27/00, 06/27/00, 09/06/00, 12/11/00, 03/22/01, 06/29/01, 10/05/01, 01/18/02, 04/19/02, 06/21/02, 09/19/02, 12/20/02, 02/26/03, 03/21/03, 06/24/03, 07/29/03, 09/24/03, 04/05/04, 04/06/04, 10/19/04, 01/19/05, 04/20/05, 07/20/05, 10/20/05, 03/17/06, 08/09/06, 09/09/06, 12/04/06, 04/04/07, and 04/17/07

Laboratory studies dated 09/11/91, 10/01/91, 10/16/91, 10/30/91, 11/25/91, 12/23/91, 01/20/92, 03/23/92, 07/10/92, 10/20/92, 01/22/93, 04/30/93, 08/16/93, 12/06/93, 03/07/94, 06/06/94, 09/15/94, 01/12/95, 04/17/95, 07/10/95, 10/13/95, 02/16/96, 05/02/96, 09/03/96, 12/17/96, 04/08/97, 10/15/97, 02/10/98, 11/11/98, 11/12/98, 01/04/99, 06/09/99, 12/23/99, 03/27/00, 06/27/00, 09/06/00, 12/11/00, 03/22/01, 06/29/01, 10/05/01, 01/18/02, 09/19/02, 12/20/02, 03/21/03, 06/24/03, 09/24/03, 04/06/04, 07/16/04, 10/19/04, 01/19/05, 04/20/05, 07/20/05, 07/23/05, 10/20/05, 03/17/06, 08/09/06, 12/04/06, and 04/04/07

Medication refills from an unknown provider (no name or signature was available) dated 12/08/94, 03/10/95, 01/11/96, 05/10/96, 09/17/96, 12/17/96, 04/08/97, 07/15/97, 08/25/97, 10/08/97, 10/09/97, 10/15/97, 02/06/98, 02/10/97, 05/11/98, 08/11/98, 08/26/98, 09/08/98, 11/11/98, 11/12/98, 11/19/98, 02/23/99, 03/05/99, 03/22/99, 09/27/99, 12/23/99, 03/27/00, 09/06/00, 06/29/01, 10/05/01, 01/18/02, 04/19/02, 06/21/02, 09/19/02, 12/20/02, 06/24/03, 09/24/03, 10/19/04, 01/19/05, 04/20/05, 07/20/05, 10/20/05, 03/17/06, 08/09/06, 12/04/06, and 04/04/07

X-rays of the chest interpreted by M.D. dated 02/16/96

X-rays of the chest interpreted by M.D. dated 04/08/97 and 01/10/99

X-rays of the chest interpreted by M.D. dated 02/10/98 and 09/27/99

A lumbar discogram CT scan interpreted by M.D. dated 05/06/98

X-rays of the chest interpreted by Dr. dated 05/06/98

X-rays of the lumbar spine interpreted by M.D. dated 01/11/99

X-rays of the lumbosacral spine interpreted by Dr. dated 01/14/99

Evaluations with M.D. dated 07/17/06, 07/25/06, 08/15/06, 08/24/06, 09/07/06, 10/05/06, 10/19/06, 11/01/06, 12/13/06, 01/24/07, 03/07/07, 04/16/07, and 04/24/07

An operative report from Dr. dated 09/26/06

A procedure note from Dr. dated 03/14/07

Letters of non-authorization dated 04/24/07 and 04/26/07

An undated preauthorization request from Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 09/11/91, Dr. stated the patient was medically cleared for surgery. On 03/23/92, Dr. continued the patient on Procardia. On 06/06/94, Dr. increased Procardia. On 01/12/95, Dr. changed the patient to Cardizem. On 02/16/96, Dr. recommended Flonase, Claritin, Biaxin, and a chest x-ray. X-rays of the chest interpreted by Dr. on 02/16/96 revealed the dorsal column stimulator in place. X-rays of the chest interpreted by Dr. on 04/08/97 and 01/10/99 were unremarkable. X-rays of the chest interpreted by Dr. on 02/10/98 and 09/27/99

were also unremarkable. A lumbar discogram CT scan interpreted by Dr. on 05/06/98 revealed only postoperative changes at L4-L5 and L5-S1. On 08/11/98, Dr. switched the patient to Accupril. On 03/27/00, Dr. refilled Viagra. On 04/19/02, Dr. I prescribed Xanax. On 03/21/03, Dr. prescribed Paxil and increased Xanax. On 06/24/03, Dr. recommended an EKG and chest x-ray. On 07/17/06, Dr. performed a trigger point injection and analyzed the spinal cord stimulator. On 07/25/06, Dr. recommended tapering the Hydrocodone. On 09/26/06, Dr. removed and replaced the spinal cord stimulator. On 03/14/07, Dr. performed myoneural injections. On 04/16/07, Dr. requested Botox injections. On 04/24/07 and 04/26/07, there were letters of non-authorization for Botox injections.

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

By Dr.'s own criteria cited in his request for reconsideration letter of 04/24/07, he believes that it is only medically indicated, necessary and reasonable to perform Botox chemodenervation when "the patient responds to trigger point tenderness and trigger point injections with appropriate relief of their symptoms." Clearly, by Dr.'s own documentation, the patient obtained no significant clinical benefit from the trigger point injections that he performed on 03/14/07. Therefore, by his own criteria, Dr. excludes the request for one visit of eight Botox chemodenervation with EMG guidance as being not medically reasonable and necessary. Additionally, ODG Guidelines do not support the use of Botulinum toxin for treatment of low back pain. Additionally, Medicare Guidelines do not support the use of Botulinum toxin for treatment of chronic low back pain. Finally, since this patient has both an intrathecal narcotic delivery system as well as a spinal cord stimulator system currently implanted and being used, there is no medical reason or necessity for him to be undergoing further injection therapy. There is, in fact, no valid medical evidence of this patient having specific myofascial pain nor any evidence to support the relationship of the patient's alleged lumbar pain due to myofascial pain as related to a work injury that occurred over sixteen years ago. Therefore, by his own criteria as well as by ODG and Medicare Guidelines, eight Botox chemodenervation injections with EMG guidance are not medically reasonable or necessary as related to, nor for treatment of, the original injury.

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)**

Medicare Guidelines