



DATE OF REVIEW: 5/15/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64614 x 8: Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)

95874: Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) (J0585 - Botulinum toxin type A, per unit)

99144: Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; first 30 minutes intra-service time

99070: Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University and later graduated as a Doctor of Osteopathy from the Health Sciences, College of Osteopathic Medicine. He did his residency and fellowship at the University. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Osteopathic Association, Academy of Pain Management, Board of Anesthesiology, and Board of 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)

64614 x 8: Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis) Upheld

95874: Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) (J0585 - Botulinum toxin type A, per unit) Upheld

99144: Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; first 30 minutes intra-service time Upheld

99070: Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 4/24/2007
2. Preauthorization review summary dated 4/4/2007
3. Appeal process dated 4/24/2007
4. Preauthorization review summary by RN, dated 4/17/2007
5. Request for review dated 4/27/2007
6. Company request dated 4/24/2007
7. Denial information dated 4/3/2007
8. Request for a review dated 4/24/2007
9. Notice to air by dated 4/26/2007
10. Clinical note dated 04/27/2007
11. Clinical note dated 04/26/2007
12. Review organization note by dated 04/26/2007

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13. Review summary note dated 04/17/2007
14. Advisor review form dated 04/27/2007
15. Advisor review form dated 04/11/2007
16. Clinical note dated 04/10/2007
17. Review summary note dated 04/04/2007
18. Review form dated 04/27/2007
19. Authorization request dated 04/27/2007
20. Clinical note by MD dated 04/10/2007
21. Follow up examination note by MD dated 03/27/2007
22. Follow up examination note by MD dated 02/13/2007
23. Follow up examination note by MD dated 08/15/2006
24. Follow up examination note by MD dated 04/13/2006
25. Follow up examination note by MD dated 01/17/2006
26. Review summary note dated 04/04/2007
27. Advisor review form dated 04/27/2007
28. Advisor review form by RN dated 04/02/2007
29. Review form dated 04/27/2007
30. Request note dated 04/27/2007
31. Follow up examination note by MD dated 03/27/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured worker is a female who suffers from ongoing pain, and subsequent myofascial pain due to the development of small fragments of muscle spasms. She underwent trigger point injections on 3/1/2007 with 60-70% improvement in her pain. It was also noted that she has undergone Botox chemodenervation injections in the past with over 14 months of relief each time.

At this time, the Botox chemodenervation injections with EMG guidance for needle localization are under review.

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

The treatment is not FDA approved for this indication. There is insufficient clinical evidence of the efficacy of Botulinum toxin in treating non-neurologic, chronic, musculoskeletal pain conditions and spasm.

According to the Official Disability Guidelines, it is not recommended for chronic pain disorders, but recommended for cervical dystonia. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for any of the following:

- Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)
- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998)
- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005)

Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain (Ho, 2006) or for mechanical neck disease (as compared to saline) (Peloso-Cochrane, 2006). There is one recent study that found statistical improvement with the use of BTX-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was allowed to take an opioid in the 4 weeks prior to treatment. (Gobel, 2006)

The 8 Botox chemodenervation injections with EMG guidance are not medically indicated for this patient. Accordingly, the previous denial should be upheld.

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

Name: Patient_Name

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)

1. The American College of Occupational and Environmental Medicine Guidelines Chapter 8/12

Injecting botulinum toxin (type A and B) has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia (a disorder that is non-traumatic and non work related). Mild side effects were fairly common and dose dependent, including dry mouth and dysphagia. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high quality studies. There are no high quality studies that support its use in whiplash associated disorder.

2. toxin for the treatment of musculoskeletal pain and spasm. Curr Pain Headache Rep 2002 Dec;6(6):460-9

3. A double-blind, controlled study of botulinum toxin A in chronic myofascial pain. Neurologic 2006; 67(2): 241-5

AMR Tracking Num: