

## PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 10/5/2007  
**IRO CASE #:**

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

1. CPT 64613: Chemodenervation of muscle(s); cervical spinal muscle(s) (eg, for spasmodic torticollis)

### **QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. 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 Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

### **REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. CPT 64613: Chemodenervation of muscle(s); cervical spinal muscle(s) (eg, for spasmodic torticollis) Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Review of case assignment dated 09/17/2007
2. Clinical note dated 09/14/2007
3. Review organization dated 09/14/2007
4. Request for a review dated 09/14/2007
5. Clinical note RN dated 09/04/2007
6. Clinical note by RN dated 08/27/2007
7. Clinical note dated 09/17/2007
8. Review of assignment dated 09/17/2007
9. Clinical note dated 08/22/2007
10. Preauthorization request dated 09/18/2007
11. Clinical note by MD dated 06/25/2007
12. Follow up examination note by MD dated 08/21/2007
13. Clinical note dated 08/28/2007
14. Preauthorization request dated 09/18/2007
15. Follow up examination note by MD dated 08/21/2007
16. Clinical note by MD dated 06/25/2007
17. Clinical note dated 08/22/2007
18. Clinical note by MD dated 08/28/2007
19. The ODG Guidelines were not provided.

Name: Patient\_Name

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The employee is a female who presented with pain to the right neck and shoulder region as a result of a motor vehicle accident. According to the notes on 6/25/2007, the injured worker reported burning, sharp pain to the back of the neck, and headache on the right side of the base of the neck. She underwent physical therapy three times a week for nine weeks with slight relief noted. She also underwent an MRI of the cervical spine, which had negative findings. The provider has requested one visit of 8 Botox chemodenervation injections with EMG guidance for needle localization. This is a review of medical necessity for the requested procedure.

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

The documentation does not show that trigger points were trialed first which is recommend per the ODG guidelines for the treatment for myofascial pain. These would also be diagnostic. To date, there are no double blind placebo studies per Medline search to show this is a superior therapy over other methods. Per the ODG and ACEOM guidelines they are not recommended for the following: headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for the treatment of cervical or upper back pain, including 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 Botox-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 has found statistical improvement with the use of Botox-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was taking an opioid (Gobel, 2006). Botulinum toxin A (e.g., Botox) remains under study for treatment of chronic whiplash associated disorders and no statistical difference has been found when compared to treatment with placebo at this time (Freund, 2000) (Aetna, 2005) (Blue Cross Blue Shield, 2005) (Juan, 2004).

Therefore, the previous denial is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCP- 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
- X 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The American College of Occupational and Environmental Medicine Guidelines

AMR Tracking Num: