

Notice of Independent Review Decision

DATE OF REVIEW: 4/9/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64613 x8--Chemodeneration of muscle(s); neck muscle(s)
95874 x8--Needle electromyography for guidance in conjunction with chemodeneration
99070 x1--Supplies provided by physician over and above those included in service
99144 x1--moderate sedation services; age 5 years+ first 30 min inern-service type
J0585 x1--Botulimum toxin type a, per unit

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Texan Tech University Health Sciences Center and completed training in Physical Med & Rehab at University of Texas Health Science Center at San Antonio. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/1998.

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)

64613 x8--Chemodeneration of muscle(s); neck muscle(s) Upheld
95874 x8--Needle electromyography for guidance in conjunction with chemodeneration Upheld
99070 x1--Supplies provided by physician over and above those included in service Upheld
99144 x1--moderate sedation services; age 5 years+ first 30 min inern-service type Upheld
J0585 x1--Botulimum toxin type a, per unit Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO request form dated 3/19/2008
 2. Request for a review dated 3/18/2008
 3. Clinical note dated 3/7/2008
 4. Clinical note dated unknown
 5. Clinical note dated 3/18/2008
 6. Notice to air analyses, dated 3/20/2008
 7. Clinical note dated unknown
 8. Notice of assignment, dated 3/20/2008
 9. Notice of assignment dated 3/20/2008
 10. Follow up examination by MD, dated 2/20/2007 to 3/4/2008, multiple dates
 11. Clinical note by MD, dated 1/29/2007
 12. Follow up examination by MD, dated 7/8/2004 to 1/9/2007, multiple dates
 13. Clinical note by MD, dated 5/26/2004
 14. Position statement by RN, dated 3/26/2008
 15. Notice to utilization review, dated 2/20/2008
 16. Official disability guidelines dated unknown
 17. IRO request form dated 3/19/2008
 18. Request for a review dated 3/18/2008
 19. Pre authorization dated 3/7/2008
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20. Clinical note DO, dated 3/7/2008
21. Referral form dated 3/7/2008
22. Pre authorization dated 3/18/2008
23. Clinical note by MD, dated 3/13/2008
24. Referral form dated unknown
25. Preauthorization request dated unknown
26. Fax coversheet dated 3/11/2008
27. Follow up examination by MD, dated 3/4/2008
28. Clinical note by MD, dated 3/10/2008
29. Follow up examination by MD, dated 3/4/2008
30. Operative report by MD, dated 8/22/2007
31. Follow up examination by MD, dated 9/6/2007 to 11/29/2007, multiple dates
32. Facsimile sheet dated 3/27/2008
33. Position statement by RN, dated 3/26/2008
34. Clinical note dated 3/20/2008
35. Notice to utilization, dated 3/20/2008
36. Official disability guidelines dated unknown
37. IRO request form dated 3/19/2008
38. Request for a review dated 3/18/2008
39. Pre-authorization dated 3/7/2008
40. Clinical note by DO, dated 3/7/2008
41. Referral form dated unknown
42. Pre-authorization dated 3/18/2008
43. Clinical note by MD, dated 3/13/2008
44. Referral form dated unknown
45. Preauthorization request dated unknown
46. Fax cover sheet dated 3/11/2008
47. Follow up examination by MD, dated 3/4/2008
48. Clinical note by MD, dated 3/10/2008
49. Follow up examination by MD, dated 3/4/2008
50. Operative report by MD, dated 8/22/2007 to 11/29/2007, multiple dates
51. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xxyear old male with pain to his neck and shoulder region. The injured employee was noted to have discomfort and ongoing pain to the cervical region associated with muscle tension headaches secondary to a job injury. He had been treated with conservative therapy with no avail, until he underwent Botox chemodenervation. This treatment significantly improved his pain and muscle tension headaches of this injured employee.

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

Botox is FDA approved for blepharospasm and hyperhidrosis. Some providers will use it for chronic myofascial pain. The goal of treatment is to make the patient off all narcotic and pain meds. The Official Disability Guidelines recommend Botox for cervical dystonia but not for chronic muscle pain. This injured worker does not suffer from cervical dystonia and therefore the Botox cannot be considered medically necessary. The previous denial of services is 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
- 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
PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)