

# Applied Assessments LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/21/2008

**IRO CASE #:**

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

One visit of eight Botox chemodenervation injections with EMG guidance, fluoroscopy and anesthesia.

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

M.D., Board Certified in Pain Management and Anesthesiology under the American Board of Anesthesiologists

### **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)

Upon independent review the reviewer finds that the requested one visit of eight Botox chemodenervation injections with EMG guidance, fluoroscopy and anesthesia is not medically necessary.

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

Adverse Determination Letters 3/18/08, 3/25/08  
ODG Guidelines and Treatment Guidelines  
Pre-Authorization Request

MD Exam Notes 3/4/08, 3/25/08, 1/22/08, 9/11/07, 4/5/07, 2/13/07, 12/11/07, 7/26/07, 5/24/07, 12/19/06, 11/7/06, 8/8/06, 4/25/06, 4/6/06, 3/14/06, 2/28/06, 12/13/05, 10/13/05, 5/31/05, 3/29/05, 2/8/05, 1/6/05, 11/11/04, 9/23/04, 9/7/04, 8/3/04, 7/1/04, 5/13/04, 3/4/04, 1/29/04, 12/16/03, 11/20/03, 10/30/03, 10/17/03

Letter to, DC 10/13/03

Return to Work Summary Guidelines

Denial Response Letter 3/18/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured on the job on xx/xx/xx. Since that time, Dr. has been managing the patient with "Botox chemodenervation injections." The patient has a spinal cord stimulator which is helping with this patient's "right shoulder girdle pain." The most recent diagnosis given to this patient is "pain to the right upper extremity" which was diagnosed on 03/25/08. It is mentioned many times that the patient has responded "well" to Botox chemodenervation injections in the past, but no specific time period for the patient's decrease in pain was noted. It also noted that no increase in function was mentioned in these notes from the chemodenervation injection. In addition, there are multiple office visits when the patient had recently received a Botox chemodenervation injection and was receiving "significant relief" but yet required a Toradol trigger point injection in the office

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

Per the *Official Disability Guidelines*, Botox injections are "not generally recommended for chronic pain disorders." In addition, as noted above, it is difficult to determine exactly how much pain relief the patient received and how long that pain relief lasted. It is also difficult to determine if there was any type of increase in function secondary to the Botox injections. Therefore, given that this procedure is generally not recommended other than for treating cervical dystonia, this procedure is not approved at this time. In addition, it is difficult to determine if this patient's pain involves the same muscles that received Botox chemodenervation procedures in the past. There is only one procedure note that I was provided to review. It described a trigger point injection performed on 10/17/03. I do not know which muscles were involved with past Botox injections and therefore cannot determine whether or not the request is for a chemodenervation injection in the same muscles as in the past.

### **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)**