



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of one visit of 8 chemodenervation injections with EMG guidance.

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

The reviewer is a board certified physical medicine and rehabilitation physician with greater than 10 years of experience in this field.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of one visit of 8 chemodenervation injections with EMG guidance.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Pain Institute – Dr.

These records consist of the following (duplicate records are only listed from one source):

Records received from: Pain Institute pre-authorization request and reconsideration request; MD notes/reports – 11/29/07-12/10/07; and denial letter – 12/5/07 & 12/17/07.

Records received from, MD:, MD notes/reports – 10/03/07-10/4/1999.

ODG guidelines were cited in the Carriers denial letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in a work-related accident on xx/xx/xx. She has failed to respond to lumbar surgery with instrumentation. She has been managed with IM Toradol, Ultracet, previous Botox injections, spinal cord stimulator, lumbar plexus blocks, and activity restrictions.

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

Per the ODG (13th Ed, 2008), administration of Botox/botulinum toxin for lumbar pain is...

“under study. Paravertebral administration of botulinum toxin A in patients with chronic low back pain may relieve pain and improve function. Initial data from small trials suggests that botulinum toxin is effective, alleviating back pain in selected patients. On the basis of these promising results, additional study in larger trials is warranted. If approved, the number of injections should be limited to one, followed by exercise. A number of studies have evaluated the effectiveness of botulinum toxin A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. Group health insurers do not generally cover this treatment for back pain. Some additional new data suggests that it may be effective for low back pain.

In a recent double-blind, randomized, placebo-controlled study, administration of botulinum toxin A into paraspinal muscles using a novel technique produced significant pain relief in 60% of patients with chronic, refractory low back pain. A similar yield of 53% was noted in another prospective, randomized, open-label study of 75 patients, with 14 months of follow-up. In this study, an early response predicted later responsiveness, with 91% of the responders continuing to respond to repeat injections. The technique of treatment for both studies included covering the whole length of the lumbar erector spinae with one injection given at each lumbar level regardless of pain, tenderness, or trigger point location(s). The dose per injection site was 50 U (Botox), with the total dose per session not to exceed 500 U.

The updated versions of the ODG 13th Ed, 2008 suggest that Botox may be beneficial based on Jabari's report in 2007. The proposed one visit of 8 chemodenervation injections with EMG guidance is medically necessary.

**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)

