

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** January 4, 2008

**IRO CASE #:**

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

Botox chemo denervation x 8 injections with EMG guidance, one visit, CPT: 64614 x 8, J0585 x 3, 95874.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- 11/14/07, 12/06/07, 12/21/07
- Texas Department of Insurance, 12/17/07
- Pain Institute, M.D., 09/11/07, 11/08/07, 11/14/07, 11/26/07, 12/03/07, 12/06/07
- Medicine & Rehabilitation, M.D., 05/02/07
- Official Disability Guidelines, 2007
- Institute, M.D., not dated

Medical records from the Requestor/Provider include:

- Texas Department of Insurance, 12/17/07
- Institute, M.D., 01/08/04, 01/27/04, 04/27/04, 06/15/04, 09/14/04, 12/14/04
- Institute, M.D., 03/08/05, 04/05/05, 05/31/05, 07/05/05, 08/16/05, 09/27/05, 11/29/05, 02/07/06, 04/11/06, 06/27/06, 09/26/06, 11/28/06, 01/09/07, 03/06/07, 04/17/07, 05/29/07, 09/11/07, 11/08/07, 12/06/07

**PATIENT CLINICAL HISTORY:**

This is a female who sustained a work related injury, involving the left ankle secondary to a fall. The patient reportedly incurred an occult fracture. Subsequent to the injury, the patient was treated conservatively without the need of surgery. In addition, the patient has been subsequently diagnosed with a complex regional pain syndrome (RSD), Type I, right lower extremity. The treatment thus far rendered includes right lumbar sympathetic nerve blocks with phenol, with reports of significant decrease in neuropathic-type symptoms.

The patient is currently complaining of muscle spasticity in the right lower extremity, in addition to abnormal posturing of the right foot/ankle secondary to pain. The current medication management appears to include Lyrica (dosage/usage not specified) and Toradol IM injections 60 mg p.r.n. for acute flare ups.

Of note, a followup examination report submitted, dated January 8, 2004, by the requesting provider, states that the Botox chemodenervation performed on the above patient involving the right ankle/foot has given her minimal relief, but no permanent long term benefit as far as normal posture. The patient's pain has not improved dramatically.

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

After a review of the information provided, the previous review outcome of non-authorization for Botox chemodenervation times eight injections with EMG guidance is upheld.

The Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2006/2007, under Botulinum Toxin, specifically state that this treatment is recommended for cervical dystonia, but not recommended for mechanical neck disorders including whiplash, headaches, 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).

According to ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 8, while existing evidence reveals injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high-grade peer review double blinded control studies which corroborate the theory that the requested intervention is efficacious at the requested site.

**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)** Anesthesiology Journal 2005; Volume 103; pages 377-383, Evidence Against Trigger Point Injection Technique for the Treatment of Cervicothoracic Myofascial Pain with Botulinum Toxin, Type A. F. M. Ferrante, M.D. Anesthesiology Journal, August 2005, Volume 3, Botox Is Not Sufficiently Better Than Placebo. S. Abram, M.D.