

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 07/17/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left PSOAS block with 5 Botox injections under fluoroscopy

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

The TMF physician reviewer is board certified in anesthesiology/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the left PSOAS block with 5 Botox injections under fluoroscopy are not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/01/08
- Letter of determination from – 06/17/08, 06/27/08
- Carrier Submission letter for attorneys to – 07/03/08

- Office visit notes from Dr. – 07/24/03 to 06/10/08
- Notice of Disputed Issue from – 08/17/04
- Office visit notes from Dr. – 08/05/03 to 08/28/07
- Report of x-rays of the thoracic spine – 10/28/02
- Report of lumbar myelogram and post myelogram CT – 08/27/03
- RTW/EMC evaluation by Dr. – 09/18/03
- Portions of medical record from – 10/10/03 to 10/20/03
- Operative Report – 10/15/03, 02/28/04,
- Operative Report and Anesthesia Record – 02/11/04, 12/08/04, 09/08/05, 02/26/06
- Physical therapy evaluation – 01/12/05
- Physical therapy treatment notes – 01/12/05 to 02/07/05
- Physical therapy discharge summary – 02/07/05
- Physical Rehabilitation Daily Notes – 01/23/07
- Patient notes – 02/07/07 to 02/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx resulting in pain to his lower back and lower extremities. The patient is being treated with a home exercise program and the use of a spinal cord stimulator system. The treating physician states that the patient has failed conservative care and is recommending that the patient undergo a left psoas compartment plexus block with Botox chemo-denervation under fluoroscopic imaging in order to decrease the pain, increase function, increase range of motion and decrease medication intake.

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

Per ODG guidelines and peer review literature, there is no evidence supporting efficacy of psoas compartment block with Botulinum toxin. There is not sufficient documentation of psoas dysfunction and there is a lack of documentation of functional improvement.

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)