

# P&S Network, Inc.

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## Notice of Independent Review Decision

### MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 06/23/2008

**IRO CASE #:**

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

This case was reviewed by a Pain Management, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Left scapular region Botox injection

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

**Upheld (Agree)**

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

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o January 25, 2005 Cervical radiographs interpreted by Dr.
- o March 15, 2005 Cervical MRI from xx MRI Center, signature illegible
- o May 24, 2006 Progress Report from Dr.
- o June 20, 2006 Progress Report from Dr.
- o July 26, 2006 Progress Report from Dr.
- o July 27, 2006 Progress report from Dr.
- o December 12, 2007 Progress Report from Dr.
- o January 2, 2008 Pre-authorization request - appeal for left C2-C7 RFTC
- o April 29, 2008 Progress Report from Dr.
- o May 1, 2008 Pre-authorization request - first request for left scapular region Botox injection
- o May 5, 2008 Adverse determination notice for request for Botox injections
- o May 29, 2008 Adverse determination after reconsideration notice
- o June 5, 2008 request for IRO

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

According to the medical reports the patient is a xx-year-old who sustained an industrial injury to the neck and low back on xx/xx/xx. The patient's medical history includes back surgery at S1-L5 in 1985, bilateral carpal tunnel surgery in 2001 and cervical surgery in 2003 and November of 2005 and Major Depression not treated with medication. The patient is followed with pain management for cervical spinal stenosis and cervicodorsal spondyloarthritis.

Cervical radiographs were taken on January 25, 2005 for cervical spasms and show cervical spondylosis and decreased disc

spaces at the level of C4-5 and C5-6 along with post-surgical changes of C6 and C7. There is bilateral neural foramina stenosis at C4-5 and C5-6 and slightly at C6-7.

Cervical MRI of March 15, 2005 shows post-operative changes, abnormal signal at C4-5, spinal canal stenosis from C3-4 through C5-6 worst at C5-6 and bilateral foraminal narrowing at C5-6.

The patient was seen in follow-up for facet median nerve blocks on May 24, 2006. The patient has a history of posterior left-sided neck pain that radiates to the occipital parietal scalp, upper back, intrascapular region and shoulders. Associated symptoms include crepitus, headaches, neck stiffness, bilateral upper extremity paresthesias, dysphagia and facial paresthesias. The patient reported greater than 50% relief bilaterally from the facet injections. She will be scheduled for C2-7 radiofrequency thermocoagulation (RFTC) times two one week apart.

On June 20, 2006 the patient was provided left facet median RFTC at C2-7. On July 26, 2006 the patient was seen in follow-up after undergoing right RFTC at C2-7. The patient reported a pain level of 4-5/10. The patient reported about 75% pain relief from the RFTC but continues with some muscle spasms in the trapezius region.

On July 27, 2006 the patient was provided right facet median RFTC at C2-7.

On December 12, 2007 the patient desired additional cervical RFTC which was requested on January 2, 2008.

The patient was reevaluated on April 29, 2008. The patient reports a pain level of 4-5/10 with pain medication. The patient was provided a trigger point injection to the left shoulder in November of 2007 and is requesting another trigger point injection. The patient reported that recent RFTC continues to provide adequate relief. As the patient reports 95% pain relief from left scapular trigger point injections, each lasting 4-5 weeks, request is made for Botox injection.

A first request for pre-authorization for left scapular region Botox injection was requested on May 1, 2008 and not certified in review on May 5, 2008 with rationale that the injured worker does not meet the requirements for Botox injection under ODG. It was noted that the worker has had copious amounts of treatment and multiple surgeries to the neck and back and continues with complaints. It is unlikely that Botox injections in this setting would be of any significant benefit. A peer-to-peer discussion was attempted but not realized.

A request for reconsideration for Botox injection was not certified in review on May 29, 2008 with rationale that Botox has no proven efficacy either per the literature, ODG, or the FDA to treat scapular myofascial syndrome or cervical spondyloarthritis. The literature indicates that Botox has no more efficacy than local anesthetic in treating myofascial syndrome.

On June 5, 2008 request was made for an IRO.

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

The medical records document a patient with a diagnosis of cervical spinal stenosis and cervicodorsal spondyloarthritis and associated myofascial pain syndrome. The patient has been provided RFTC times two in 2006 and facet rhizotomy and trigger point injections to the left shoulder and scapular region with temporary relief and has requested Botox injection.

ODG states that Botox injections are recommended for cervical dystonia, but not recommended for mechanical neck disorders, including whiplash. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. Per ODG Botox injections are not recommended for the following: headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & 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.

The request for Botox injections is not supported by Official Disability Guidelines or the literature. Therefore, my recommendation is to agree with the previous non-certification of the request for left scapular region Botox injection.

The IRO's decision is consistent with the following guidelines:

#### **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

The Official Disability Guidelines - Cervical injections - 5-7-08:

Recommended for cervical dystonia, but not recommended for mechanical neck disorders, including whiplash. See more details below.

Not recommended for the following: headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & 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)

- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (W heeler, 1998)

- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005).

Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. (Ho, 2006) Or for mechanical neck disease (as compared to saline). (Peloso-Cochrane, 2006) There is one recent study that has found statistical improvement with the use of BTX-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was taking an opioid. (Gobel, 2006) Botulinum toxin A (e.g., Botox) remains under study for treatment of chronic whiplash associated disorders and no statistical difference has been found when compared to treatment with placebo at this time. (Freund, 2000) (Aetna, 2005) (Blue Cross Blue Shield, 2005) (Juan, 2004)

Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. In recent years, botulinum toxin type A has become first line therapy for cervical dystonia. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. (Costa-Cochrane, 2005) (Costa2-Cochrane, 2005) (Costa3-Cochrane, 2005) (Jankovic, 2006) (Lew, 1997) (Trosch, 2001) (Balash, 2004) (Sycha, 2004)

