

True Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 06/04/2008

IRO CASE #: 14053

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Botox injections x 2 and 4 with MAC.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 3/31/08 and 4/14/08
Medical Records from 4/24/06 thru 3/19/08
OP Report 4/11/07
Prescription Refill No Date
Nurse Notes 6/07 thru 7/07
Records from 5/11/07, 6/7/07, and 7/5/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx and since then has had low back and neck pain. The patient underwent an ADCF at C5-6 in August 2004. The patient continues to have neck pain that has been ongoing since that time. He underwent a Botox injection in the left trapezius on 04/11/07. On follow-up on 05/11/07, the patient noted that he had 90% relief. On 06/07/07, the patient was noted to have “complete relief of his pain on the left side of his neck.” The patient also received a trigger point injection into the right trapezius muscle on 05/11/07. The patient received significant pain relief after that injection for approximately 3½ weeks. Dr. decided that the patient would be a candidate for Botox but wanted to wait until the left-sided pain returned before injecting Botox into the bilateral trapezius muscles. The patient is being managed with just for his pain. The pain was noted to have returned on the left side at an office visit dated 03/19/08. Therefore, a request for a bilateral trapezius Botox injection has been requested. The patient is noted to have a diagnosis of “spasmodic torticollis” (cervical dystonia).

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

Per the *Official Disability Guidelines*, botulinum toxin injections are “recommended for cervical dystonia.” It is noted that this patient has a diagnosis of cervical dystonia. The patient also received approximately 11 months of pain relief after a left-sided trapezius Botox injection and also received significant pain relief though only temporarily from a right-sided trapezius trigger point injection. Given that the patient has a history of cervical dystonia and has received significant relief in the past from a Botox injection on the left side and has received significant, temporary pain relief on the right side from a trigger point injection, the Reviewer’s medical assessment is that the patient is a candidate for a repeat Botox injection on the left and an initial Botox injection on the right.

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)