

# Applied Assessments LLC

An Independent Review Organization  
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Notice of Independent Review Decision- Amended

**DATE OF REVIEW: JUNE 6, 2008 AMENDED JUNE 17, 2008**

**IRO CASE #:**

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

Lumbar Myobloc Injection

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

M.D., board certified in 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)

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.

The reviewer finds that Lumbar Myobloc Injection is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Adverse Determination Letters, 04/25/08 and 05/14/08
2. M.D., 04/07/08, 02/04/08, 10/09/07, 04/04/08, 09/11/07, 07/15/07, 06/06/07, 04/10/07
3. Letter to IRO, 05/27/08
4. Report of medical evaluation, 07/10/95
5. ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker, who according to history, has developed “lumbago” secondary to his work-related injury. The patient’s treating provider has recommended Myobloc as a treatment for it.

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

The effectiveness for Myobloc injection, i.e., botulinum toxin type B, has not been established in patients with lumbago. It is typically indicated for patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. The use of botulinum toxin is still under study, according to the ODG Guidelines, regarding the use of Myobloc for low back pain and spasm. Its use has been established in cervical dystonia, however. According to the ODG Guidelines position, there have been small trials that suggested botulinum toxin is effective in alleviating back pain in selected patients. However, at this time ODG Guidelines finds there is current insufficient scientific evidence of the effectiveness of botulinum toxin as a treatment for back pain. It is for these reasons that the previous adverse determination is upheld. The reviewer finds that Lumbar Myobloc Injection is not 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)