

Notice of Independent Review Decision

DATE OF REVIEW:

03/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right PSOAS block with Botox chemodenervation with fluoroscopy and five botox chemodenervation injections with electromyogram (EMG) guidance.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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 requested right PSOAS block with Botox chemodenervation with fluoroscopy and five botox chemodenervation injections with electromyogram (EMG) guidance is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 02/19/08
- MCMC Referral dated 02/19/08
- DWC-69: Report of Medical Evaluation with Date of Exam 10/23/03
- Letter dated 02/21/08, Network & Medical Operations
- DWC: Notice To MCMC, LLC Of Case Assignment dated 02/19/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 02/19/08
- LHL009: Request For A Review By An Independent Review Organization dated 02/14/08
- Letter dated 02/12/08 from, LVN
- Letter dated 01/28/08 from, LVN
- Pain Institute: Follow Up Examination letters dated 01/31/06 through 01/22/08 from , M.D.
- Pain Institute: Letter dated 11/18/05 from, M.D.
- Images: Lumbar spine radiographs dated 11/10/03
- M.D.: Designated Doctor Evaluation dated 10/22/03
- Undated demographic information on health care providers
- Undated information sheets (two) – one with “Biofeedback” in first block, one with “Bupropion” in first block

- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx-year-old female with failed back surgical syndrome and right leg pain. She has spasms in her gluteal muscles. The injured individual had botox with EMG guidance on 05/31 that lasted less than two months as she complained of the same symptoms in 07/07 and got another trigger point injection (TPI). The attending provider is requesting botox again.

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

This injured individual had botox to her psoas with EMG guidance on 05/31/07. By 07/07 she was complaining of pain again and got a TPI and Toradol injection. Botox should last three months; in this case it did not. Also, botox is not FDA approved and not proven efficacious by the literature for the treatment of psoas syndrome or myofascial syndrome (MFS). Finally, EMG guidance is not mandated or necessary for the injection of botox.

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**

Official Disability Guidelines:

Under study. Paravertebral administration of botulinum toxin A in patients with chronic low back pain may relieve pain and improve function. Initial data from small trials suggest that botulinum toxin is effective, alleviating back pain in selected patients. On the basis of these promising results, additional study in larger trials is warranted. If approved, the number of injections should be limited to one, followed by exercise. A number of studies have evaluated the effectiveness of botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. ([Foster, 2001](#)) ([Difazio, 2002](#)) ([Lang, 2004](#)) Group health insurers do not generally cover this treatment for back pain. ([Aetna, 2005](#)) ([Blue Cross Blue Shield, 2005](#)) Some additional new data suggests that it may be effective for low back pain. ([Jabbari, 2006](#)) ([Ney, 2006](#)) In a recent double-blind, randomized, placebo-controlled study, administration of botulinum toxin A into paraspinal muscles using a novel technique produced significant pain relief in 60% of patients with chronic, refractory low back pain. A similar yield of 53% was noted in another prospective, randomized, open-label study of 75 patients, with 14 months of follow-up. In this study, an early response predicted later responsiveness, with 91% of the responders continuing to respond to repeat injections. The technique of treatment for both studies included covering the whole length of the lumbar erector spinae with one injection given at each lumbar level regardless of pain, tenderness, or trigger point location(s). The dose per injection site was 50 U (Botox), with the total dose per session not to exceed 500 U. ([Jabbari, 2007](#))

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):

1. Neurology 2006 Jul;67(2):241-5 Qerama E. This reference concluded: “The results (of their double blind, randomized, placebo controlled, parallel clinical trial on Botox) do not support a specific antinociceptive and analgesic effect of botox A.”
2. Clin J Pain 2006 Jan;22(1):90-6 Ojala T. This states in their double blind, randomized, controlled crossover trial that: “there was no difference between the effect of botox A and physiologic saline in the treatment of myofascial pain.”
3. Pain 2005 Nov;118(1-2):170-5 Graboski CL. This double blind, randomized crossover trial stated: “there was no significant difference between the botox A group and the bupivacaine injectate group in duration or magnitude of pain relief, function, satisfaction.”
4. Anesthesiology 2005 Aug;103(2):377-83 Ferrante FM. This noted the injection of botox into trigger points did nothing to improve cervicothoracic myofascial pain.