



REVIEWER'S REPORT

DATE OF REVIEW: 05/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chemodenervation.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a report dated 01/08/08 from Dr.. The injured employee was diagnosed with “cervical radiculopathy, C5/C6 disc herniation with foraminal encroachment, myofascial shoulder girdle pain, axial low back pain, severe anxiety and depression, and possibly posttraumatic stress disorder.
2. I reviewed a 01/22/08 note from Dr.. At that time an EMG study was recommended.
3. On 02/05/08 he saw Dr. and was put on Lyrica.
4. On 03/04/08 he saw Dr. and he was put on Lidoderm patch as well as Lyrica.
5. On 03/07/08 Dr. spoke with the adjustor.
6. He saw Dr. on 03/18/08 for trigger point injections.
7. He was seen in followup by Dr. on 04/01/08. The patient apparently was “very happy today.” He stated his pain was diminished.
8. I reviewed a 04/10/08 note authored by Dr.
9. I reviewed a 04/16/08 note from Dr. indicating the injured employee was not a candidate for surgery.
10. I reviewed a report from Dr. dated 04/22/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears as though this is a male who sustained a work injury and in the process developed pain in his neck and low back area. He has been treated with trigger point injections and medications. He had an EMG study, and he had an MRI scan that showed a protrusion at the C5/C6 level. The EMG study, according to Dr., showed mild radiculopathy on the right. He had good results with trigger point injections, and now his treating physician wishes to use EMG guidance to do chemodenervation with Botox.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The ODG Guidelines are quite clear on the utilization of Botox in the cervical area. This is reserved for those with dystonia, which this case does not have. Specifically, it is indicated as not used for myofascial pain or “whiplash” type problems, which is what this gentleman has. Accordingly, there is no support for Botox injections.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)