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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Botox injection to the cervical spinal muscles.

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of Botox injection to the cervical spinal muscles.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance:

- Utilization reviews (08/12/08 – 08/21/08)
- Diagnostic (06/09/08)
- Procedure (06/12/08)
- Office visits (06/12/08 - 08/05/08)
- Utilization reviews (08/12/08 – 08/21/08)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who sustained an injury to her neck on xx/xx/xx. However, no mechanism of injury is reported.

The patient was treated with cervical laminectomy and fusion from C5 through C7. In June 2008, a magnetic resonance imaging (MRI) of the cervical spine revealed postoperative changes and cervical fusion at C5-C7 with anterior plate and screws at the level of C6-C7, and marked narrowing and 2 mm diffuse disc protrusions at C4-C5 disc spaces.

On June 12, 2008, M.D., diagnosed cervical dystonia, chronic postlaminectomy neck pain, and failed neck surgery syndrome. He administered Botox injections in the semispinalis capitis, splenius capitis, and trapezius muscles on the right. There was improvement in her neck pain. She was fully participating in both the behavioral pain program and physical therapy (PT). Use of methadone was decreased and she was taking Motrin for pain. Dr. stated the pain was mostly myofascial without any evidence of cervical radiculopathy. He refilled Robaxin, Methadone, Cymbalta, and Klonopin and continued her on exercises of pain program.

On July 8, 2008, the patient reported she had a week of excruciating pain on the left side of her neck with nuchal rigidity. Dr. assessed anxiety depression, radial nerve lesion, and deteriorated acquired neck dystonia; prescribed Lidoderm patch, continued her on medications, and recommended four trigger point injections (TPIs) in the semispinalis capitis and in the trapezius muscles on the left. On August 5 2008, the patient reported severe pain in her cervical region and stated that having stopped methadone she was experiencing a lot of withdrawal symptoms. She had finished the pain program. Dr. started her on baclofen and methadone and made an appeal for Botox injection on the left.

On August 12, 2008, D.O., denied the request for Botox injections in the cervical spinal muscles with the following rationale: *The patient has no mechanism of injury reported. She has 'acquired dystonia' due to her fusion. She had Botox in June 2008 that lasted less than a month (It should have lasted for three months). There is no clinical necessity to repeat this injection, as it did not provide the expected relief or duration of response.*

In a letter of medical necessity, Dr. stated that the patient had severe cervical dystonia on the left side of her neck. She had responded very well to Botox injections on the right. Clinically, there was severe muscle spasm on the left side of neck involving semispinalis capitis, trapezius, and splenius capitis which was impacting on the patient's ability to get back to work. She was also still requiring pain medications. Therefore, Dr. recommended Botox injections to the left paracervical and trapezius muscles.

On August 19, 2008, M.D., denied the appeal for Botox injections in the cervical region with the following rationale: *Botulinum toxin A is not recommended by the ODG Treatment Guidelines except as treatment for cervical dystonia, characterized by abnormal resting head position. Although the physician refers to the claimant's illness as cervical dystonia, the medical record does not note this hallmark of dystonia. In fact, the syndrome described appears to be myofascial pain syndrome characterized by taut bands of muscle which reach*

with a jump sign when stimulated. The ODG Guidelines specifically do not recommend Botox for myofascial pain syndrome and trigger point injection.

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

PATIENT HAD THE TREATMENT PREVIOUSLY, AND THIS WAS LARGELY UNSUCCESSFUL AFTER ONE MONTH DURATION. THEREFORE, THE TREATMENT HAS FAILED. THIS REQUEST IS FOR A REPEAT INJECTION WHICH IS NOT MEDICALLY INDICATED BASED ON THE ABOVE DATA.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Clinico-immunologic aspects of **botulinum toxin type B** treatment of cervical dystonia. *Neurology*. 2006 Dec 26;67(12):2233-5.