

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Botox injections (64613) to eleven areas related to Cervical spine

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
721.9	64613		Prosp	11					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 18 pages

Respondent records- a total of 53 pages of records received to include but not limited to:
Request for IRO forms; letters 2.15.08, 3.3.08, 6.5.08, 8.22.08, 8.27.08, 9.3.08; Neurology 2.12.08-8.18.08; Back Institute 4.17.07-7.15.08; email 5.30.08, 9.3.08

Respondent records- a total of 25 pages of records received to include but not limited to:
Request for IRO forms; letters 8.22.08, 9.3.08; Neurology 4.15.08-8.26.08

Requestor records- a total of 20 pages of records received to include but not limited to:
letters 8.22.08, 9.3.08; Neurology 2.10.06-8.22.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on the job in xx/xx resulting in a cervical disc injury with radiculitis and dystonic components of the neck. She has been treated repeatedly approximately every 3 months with some form of botulism toxin with a mild block for Botox. She has had documented reports of excellent relief for a period of time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

While ODG guidelines indicate that the only indication for Botox is dystonia. The records indicate a diagnosis of chronic dystonia and repeated approvals for treatment over the years with botulism toxin, yielding excellent documented results. For these reasons, I would overrule the denial in this case based on the medical records presented by Neurology Associates and Dr. Based on the chronic dystonia of this individual documented in the medical records and the patient's documented response to treatment; I believe it is reasonable and appropriate to provide this treatment.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES