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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Mar/19/2009

**IRO CASE #:**

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

8 botox injections

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

MRI cervical spine, 10/01/07

Office note, Dr. 02/18/08

Office note, Dr. 03/19/08

Request for trigger point injections, 03/25/08

Office notes, Dr. 05/15/08, 06/03/08, 06/10/08, 09/04/08, 11/11/08, 12/23/08, 02/03/09

Prior Review, 06/30/08

Adverse Determination Letters, 02/10/09, 02/24/09

Letter, Dr. 02/26/09

ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female injured on xx/xx/xx when a table fell on her knocking her backward. She has been treated for primarily neck and shoulder pain with therapy, medications, exercise and trigger point injections. A 10/01/07 MRI of the cervical spine was normal other than an incidental hemangioma. In 2008 the claimant came under the care of Dr. On examination she had trigger points of the cervical spine and muscles of the upper back and neck. He gave her trigger point injections with reported improved pain and increased level of function still reported in 12/08. On 02/03/09 Dr. saw the claimant for neck and shoulder pain and difficulty getting through the day. On examination there were trigger points at C6-7, the trapezius, levators etc. There was limited motion due to pain. The areas were hypersensitive

when compressed. Dr. noted the claimant had failed conservative treatment and recommended Botox injections with EMG guidance.

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

The request for Botox injections cannot be recommended in this case. There is a lack of studies that would support that Botox is effective treatment for chronic neck pain. The Official Disability Guidelines notes that this treatment has not proven to be more effective than saline or dry needling of trigger points. While the guidelines allow that botox injections can be considered for cervical dystopia, this is not the diagnosis for this claimant. The reviewer finds that medical necessity does not exist for 8 botox injections.

Official Disability Guidelines Treatment in Worker's Comp 2009 Pain-Botox injection

Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below

Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections

Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for any of the following (note, most reference links go to Neck Chapter)

- The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008

- Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)

- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998

- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005)

Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. (Ho, 2006) Or for mechanical neck disease (as compared to saline). (Peloso-Cochrane, 2006) A recent study found statistical improvement with the use of BTX-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was allowed to take an opioid in the 4 weeks prior to treatment. (Gobel, 2006)

Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. See the Neck Chapter for cervical dystonia references

Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. (Jabbari, 2006) (Ney, 2006) Botulinum neurotoxin may be considered for low back pain (Level C). (Naumann, 2008) See also the Low Back Chapter. There is also a potential role in spinal cord injury with spasticity. (Marciniak, 2008)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)