Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/1/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral trapezius, levator scapular/interparacervical injection - Botox - #2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDED WHO REVIEWED THE DECISION:
Physical Med & Rehab, Pain Management

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

X Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Bilateral trapezius, levator scapular/interparacervical injection - Botox - #2 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to utilization review, dated 3/12/2010
2. Reviews of case assignment, dated 3/12/2010
3. Request for a review (IRO) by author unknown, dated 3/11/2010
4. Fax page, dated 3/11/2010 and 3/12/2010
5. Request form by author unknown, dated 3/05/2010
6. Request for reconsideration by author unknown, dated 2/21/2010
7. Email by DO, dated 1/26/2010
8. Clinical note by dated 1/19/2010 to 1/27/2010
9. Email by MD, dated 1/18/2010
10. Letter by MD, dated 1/07/2010
11. Procedure note by MD, dated 7/21/2009
12. Form by author unknown, dated 7/14/2009 to 2/14/2010
13. Email note by dated 3/25/2010
14. Notice of assignment by dated 3/12/2010
15. Notice to utilization review, dated 3/12/2010
16. Notice to air analyses, dated 3/12/2010
17. Independent review organization by author unknown, dated 3/11/2010
18. Request form by author unknown, dated 3/05/2010
19. Letter by author unknown, dated 1/27/2010
20. Email by DO, dated 1/26/2010
21. History note by author unknown, dated 1/22/2010
22. Request for reconsideration dated 1/21/2010
23. History note dated 1/18/2010
24. Letter by MD, dated 1/18/2010
25. Letter by MD, dated 1/07/2010
26. SOAP note by author unknown, dated 10/28/2009 and 10/29/2002
27. Procedure note by MD, dated 7/21/2009
28. Form by author unknown, dated 7/14/2009 to 1/27/2010
29. Email note by RN, dated 7/13/2009
30. Work status report dated 7/7/2009
31. Recovery room note by MD, dated 1/19/2009

32. Referral form dated 12/24/2008 to 1/15/2010
33. History note by MD, dated 12/16/2008
34. Recovery room note by MD, dated 7/28/2008
35. Final report by MD, dated 6/30/2008 to 8/30/2008
36. MRI of the lumbar spine by MD, dated 6/30/2008
37. Letter by, dated 5/16/2008
38. Form by author unknown, dated 5/15/2008 to 2/14/2010
39. Work status report dated 3/25/2008
40. Work status report dated 3/25/2008
41. Letter by author unknown, dated 11/30/2007
42. Letter by author unknown, dated 11/30/2007
43. Physical exam by MD, dated 11/27/2007
44. Cervical myelogram by MD, dated 10/25/2007
45. Cervical myelogram by MD, dated 10/25/2007
46. Patient discharge criteria by MD, dated 10/25/2007
47. Letter by MD, dated 10/16/2007
48. Letter by dated 10/5/2007
49. Fax page dated 10/4/2007
50. Fax page dated 9/12/2007
51. Work status report by author unknown dated 9/7/2007
52. Letter by, dated 8/9/2007
53. Letter by MD, dated 8/1/2007
54. Patient profile dated 7/31/2007
55. History note by MD, dated 7/31/2007
56. Patient information dated 7/17/2007
57. Letter by MD, dated 7/10/2007
58. Fax page dated 7/3/2007
59. Verification dated 6/29/2007
60. MRI of the cervical spine by MD, dated 6/27/2007
61. Final report by MD, dated 6/27/2007
62. Final report by MD, dated 6/27/2007
63. Final report by author unknown, dated 6/27/2007
64. MRI of the cervical spine by MD, dated 6/27/2007
65. Procedure note by MD, dated 6/8/2007 to 12/16/2008
66. History note by MD, dated 5/15/2007 to 3/2/2010
67. Post nyelogram computed by MD, dated 5/4/2007
68. Lumbar myelogram by author unknown, dated 5/4/2007
69. Letter by, dated 4/26/2007 and 9/11/2007
70. Work status report by Author unknown, dated 3/9/2007
71. Transcription note by MD, dated 2/27/2007
72. Provider claim summary by Author unknown, dated 2/16/2007
73. Initial examination by dated 2/8/2007
74. Fax page dated 1/31/2007
75. Form by Author unknown, dated 1/23/2007
76. Nursing triage assessment by Author unknown, dated 1/23/2007
77. Transcription note by MD, dated 1/23/2007
78. CT cervical spine with contrast by MD, dated 1/23/2007
79. Notes by author unknown, dated 1/23/2007
80. CT cervical spine dated 1/23/2007
81. CT cervical spine dated 1/23/2007
82. Disposition summary by Author unknown, dated 1/15/2007
83. Preauthorization requirement still apply by Author unknown, dated 12/7/2006
84. Request for reconsideration by, dated 10/27/2006
85. Interval history by Author unknown, dated 6/5/2006
86. Interval history by Author unknown, dated 3/6/2006 and 6/5/2006
87. Cervical spine x rays by MD, dated 9/7/2005
88. Fax page dated 7/5/2005
89. Physical therapy functional capacity evaluation by Author unknown, dated 7/1/2005
90. Follow up by Author unknown, dated 3/7/2005
91. Cervical spine CT by MD, dated 3/7/2005
92. Follow up by dated 1/20/2005
93. Chart note MD, dated 1/20/2005 to 9/7/2005
94. Cervical spine X rays by MD dated 1/20/2005
95. Cervical spine x ray by MD, dated 1/20/2005
96. Letter by MD dated 12/30/2004
97. Follow up by MD, dated 12/8/2004

98. Letter by MD, dated 9/24/2004
99. IME review report by MD, dated 9/24/2004
100. History note by MD, dated 9/13/2004
101. Report of medical evaluation by MD dated 8/16/2004
102. Review of medical history and physical exam by MD dated 8/16/2004
103. Follow up by MD, dated 6/16/2004 to 6/5/2006
104. Fax page, dated 5/06/2004 to 3/11/2010
105. RME review report by MD dated 5/4/2004
106. Letter by MD dated 4/23/2004 to 5/13/2005
107. Letter by MD, dated 4/23/2004 to 9/13/2004
108. Impairment rating report by author unknown, dated 2/27/2004
109. Review of medical history & physical exam by MD, dated 2/27/2004
110. Impairment rating report dated 2/27/2004
111. Grip strength report dated 2/27/2004
112. Spinal ROM inclinometer report dated 2/27/2004
113. IME review report by MD dated 1/27/2004 & 9/24/2004
114. Pre authorization review by RN, dated 1/26/2004 to 4/09/2004
115. Medical conference by PsyD dated 1/23/2004
116. Letter of medical necessity by dated 1/19/2004 & 2/5/2004
117. Form by author unknown dated 1/7/2004 & 2/4/2004
118. Impairment rating report by MD dated 12/24/2003
119. Cervical range of motion dated 12/23/2003
120. Behavioral initial assessment by LPC dated 12/5/2003
121. Clinical note by author unknown dated 12/5/2003
122. Fax page by author unknown dated 11/12/2003
123. Chronic pain evaluation by PsyD dated 10/13/2003 & 12/5/2003
124. Form by author unknown dated 10/17/2003
125. Designated doctor review report by MD dated 10/10/2003 & 3/9/2004
126. Report of medical evaluation by MD dated 9/30/2003 & 2/27/2004
127. Report of medical evaluation by author unknown dated 9/30/2003 to 4/23/2007
128. Review of medical history and physical exam by MD dated 9/30/2003 & 2/27/2004
129. Letter of medical necessity by MD, dated 9/30/2003 to 1/07/2003
130. Letter by MD, dated 7/30/2003
131. Cervical spine X Ray by MD, dated 5/09/2003
132. Lateral flexion neutral extension 3 views by MD dated 5/9/2003
133. History note by MD, dated 3/11/2003
134. History & Physical exam by MD, dated 2/18/2003
135. Report of medical evaluation by MD, dated 2/18/2003 to 2/27/2004
136. History physical and neurological examination by MD dated 1/21/2003
137. Procedure note by MD, dated 12/09/2002
138. Cervical spine X Ray by MD, dated 11/20/2002
139. Lateral flexion neutral extension 3 views by MD dated 11/20/2002
140. Request for reconsideration by dated 11/8/2002
141. Anesthesia record by author unknown, dated 10/23/2002
142. Soap note by author unknown dated 10/22/2002 to 11/20/2002
143. CT of the cervical spine by MD dated 10/15/2002
144. CT of the cervical spine with C1 and C2 by MD, dated 10/15/2002
145. AP and lateral 2 views by MD dated 9/20/2002
146. Pre authorization review by RN, dated 8/30/2002 to 12/13/2003
147. Operative report by MD dated 8/16/2002
148. Chart note by MD, dated 7/24/2002
149. Interval history by MD dated 7/17/2002 & 12/3/2003
150. Request for reconsideration by rison, dated 7/15/2002
151. Epidural steroid injection by MD, dated 7/10/2002
152. Cervical myelogram and CT by MD dated 6/10/2002 & 7/10/2003
153. Pre authorization review by RN, dated 6/10/2002 to 7/17/2002
154. Follow up by MD dated 5/13/2002 to 1/20/2005
155. Epidural steroid injection by, dated 4/11/2002
156. Preauthorization by author unknown, dated 4/11/2002
157. Electrodiagnostic results dated 4/10/2002
158. Upper extremity electoridiagnostic study by MD, dated 4/10/2002
159. Upper extremity electrodiagnostic study by MD, dated 4/10/2002
160. Electrodiagnostic results by author unknown, dated 4/10/2002 and 3/11/2003
161. Cervical epidural steroid injection by MD dated 4/3/2002 to 5/22/2002
162. Epidural steroid injection by MD, dated 4/03/2002 and 4/22/202
163. Interval history by MD, dated 3/06/2002 to 6/17/2002

164. Follow up by MD, dated 2/17/2002 to 6/04/2003
165. Cervical spine X rays and CT by MD dated 2/13/2002
166. Cervical spine X Ray by MD, dated 2/13/2002
167. Work status report by author unknown, dated 1/29/2002 and 7/24/2002
168. History, Physical & Neurological exam by MD, dated 1/28/2002
169. Chart note by MD dated 1/9/2002 & 10/20/2003
170. Physical therapy functional capacity evaluation by, dated 1/9/2002
171. Physical therapy functional capacity evaluation initial by Author unknown, dated 1/9/2002
172. Physician record by Author unknown, dated unknown,
173. Patient care notes by Author unknown, dated unknown,
174. Selected insurance filing by Author unknown, dated unknown,
175. Clinical note by Author unknown, dated unknown,
176. Patient performance versus job requirements dated unknown,
177. Physical therapy functional capacity evaluation by, dated unknown,
178. Form by Author unknown, dated unknown,
179. Form by Author unknown, dated unknown,
180. Report of medial evaluation by author unknown, dated unknown
181. Preauthorization request sheet by author unknown, dated unknown
182. Report of medical evaluation by author unknown, dated unknown
183. Employers first report of injury by, dated unknown
184. Company request for IRO by author unknown, dated unknown
185. Explanation of codes by author unknown, dated unknown
186. Initial hospital care by author unknown, dated unknown
187. Financial disclosure, dated unknown
188. Results by, dated unknown,
189. Form by Author unknown, dated unknown,
190. Summary of guideline dated unknown
191. Request form dated unknown
192. Letter by author unknown, dated unknown
193. Health care provider detail dated unknown
194. Fax page dated unknown
195. Payment of compensation or notice dated unknown
196. ECG report dated unknown
197. Fax page by author unknown dated unknown
198. Explanation of benefits dated unknown
199. Clinical note dated unknown
200. Clinical note by author unknown, dated unknown

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female with a chronic pain syndrome due to work related cervical spine injury xx/xx/xx. She was treated with conservative management without relief subsequently undergoing a cervical fusion at C5-6 and C6-7 without relief again. She now has failed cervical fusion syndrome with chronic neck and neuropathic arm pain with significant myofascial overlap which has been treated with a copious amount of treatment and work up in the past including radiological imaging, electrodiagnostics, physical therapy, injections, and oral medication management over the last several years and is extensively documented. More recently, she has had surgical second opinion and additional surgery was not recommended after further work up. She has been treated with stellate ganglion block and Botox injection done most recently in July 2009 in addition to medication management. She received relief of neuropathic arm pain from stellate ganglion block. She has also been treated with Botox documented at least on May 2007, November 2007, July 2008 and July 2009. She is noted to have benefit each time from the Botox of at least greater than 50% improvement in symptoms in the neck and shoulders last for 3 months or greater. However, she still has pain that radiates across the shoulder to the left. The Botox units were injected to the bilateral trapezius, levator scapulae and cervical paraspinal musculature.

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

Recommendation is that prior denials of request for Botox treatment to this injured worker be upheld. The request is for Botox injections to the bilateral trapezius, levator scapulae and cervical paraspinal musculature for a diagnosis of severe muscle spasm. ODG does not recommend Botox for chronic pain syndromes including tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Botox is indicated for cervical dystonia. The literature as noted by ODG has not proven Botox's superiority to dry needling, saline or local anesthetic injection when used as a treatment for myofascial pain/fibromyositis. In additional to ODG, systematic peer reviewed literature and reviews concur that the evidence does not support the use of BTX-A trigger point injections for myofascial pain or mechanical neck pain. Based on the systematic peer reviewed literature it is suggested that although the patient has responded clinically to Botox treatment, that the relief experienced by the injured worker would be similar when compared to dry needling, saline or local anesthetic.

Furthermore, there is no evidence provided in the documentation of traditional trigger point injections having been tried.

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

- ☐ 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- **X** 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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Ho KY, Tan KH. Botulinum toxin A for myofascial trigger point injection: A qualitative systematic review. Eur J Pain. 2007;11:519-27. 2006 Oct 26.

Peloso PM, Gross AR, Haines TA, Trinh K, Goldsmith CH, Aker P. Medicinal and injection therapies for mechanical neck disorders: a cochrane systematic review. J Rheumatol. 2006 May;33(5):957-67.

Göbel H, Heinze A, Reichel G, Hefter H, Benecke R; Dysport myofascial pain study group. Efficacy and safety of a single botulinum type A toxin complex treatment (Dysport) for the relief of upper back myofascial pain syndrome: results from a randomized double-blind placebo-controlled multicentre study. Pain. 2006 Nov;125(1-2):82-8.

Kamanli A, Kaya A, Ardicoglu O, Ozgocmen S, Zengin FO, Bayik Y. Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. Rheumatol Int. 2005 Oct;25(8):604-11.

Graboski CL, Gray DS, Burnham RS. Botulinum toxin A versus bupivacaine trigger point injections for the treatment of myofascial pain syndrome: a randomised double blind crossover study. Pain. 2005 Nov;118(1-2):170-5.

Ojala T, Arokoski JP, Partanen J. The effect of small doses of botulinum toxin a on neck-shoulder myofascial pain syndrome: a double-blind, randomized, and controlled crossover trial. Clin J Pain. 2006 Jan;22(1):90-6.