



Notice of Independent Review Decision

DATE OF REVIEW: 12/03/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Botox Chemodenervation Injections x 8 with EMG

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

Board Certified in Physical Medicine and Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Botox Chemodenervation Injections x 8 with EMG – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Follow Up Examination, M.D., 06/19/08, 06/26/08, 07/10/08, 08/20/08, 09/18/08, 10/30/08, 12/11/08, 02/19/09, 03/17/09, 06/23/09, 07/07/09, 09/24/09, 11/24/09, 02/09/10, 04/08/10, 07/15/10, 10/19/10
- Denial Letter, 10/22/10, 11/11/10
- Correspondence, Dr. 11/05/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient complained of pain to the lower back and lower extremities. She was status post replacement of an IPG and extension cable of the spinal cord stimulator system in June 2008. The spinal cord stimulator was removed sometime between June and August 2008. She continued to have pain with burning to the left lower extremity, including a sharp, stabbing and electrical type pain from the back down to the foot. She underwent a Toradol 60 mg injection for the pain. She was continued on Hydrocodone and Lyrica. An MRI reviewed by the treating physician indicated evidence of a focal left paracentral disc protrusion at L2, as well as a large L5-S1 left paracentral extruded disc fragment measuring 10x6 mm in size. She also had associated neural foraminal stenosis. She had undergone a series of two lumbar Epidural Steroid Injections (ESIs) without any significant relief. In February 2009, it was recommended she undergo Botox chemodenervation injections with EMG guidance, due to the fact conservative care including medications and a home exercise program were failing. At that point and time, she underwent a second Toradol 60 mg injection. Between March and June 2009, the claimant had undergone Botox chemodenervation injections with good relief of pain noted, though temporary in length. In September 2009, she continued to have ongoing pain and discomfort. She was continued on Hydrocodone and restarted on Lyrica 25 mg, as well as Skelaxin 800 mg. At that time, another Toradol 60 mg injection was administered. In February 2010, two lumbar ESI's had been denied by the insurance company and a fourth Toradol 60 mg injection was provided. A fifth Toradol 60 mg injection was performed on 07/15/10. In October 2010, Dr. again recommended Botox chemodenervation injections with EMG guidance, due to the fact conservative had again failed.

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

The Botox chemodenervation injections x 8 with EMG guidance are not reasonable or necessary. This is based on the documentation of Dr. the treating physician. When the patient received a similar treatment in May of 2009, no specific significant improvement was documented aside from a 06/23/09 note indicating "good relief of pain noted." Unfortunately, on subsequent visits the patient had continued pain and no improvement in function. The appeal letter of Dr. indicated the claimant required no further injection management after the May 2009 Botox injections. However, on multiple occasions over the past year, the patient has received trigger point injections and Dr. himself had recommended on several occasions a lumbar sympathetic block for neuropathic pain. This would indicate to me that the patient did not receive significant long term benefit

from the Botox trigger point injections she received in May of 2009, as would be expected. Therefore, repeating this injection does not meet ODG criteria for acceptable treatment.

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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

AMA GUIDES 5TH EDITION