

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 1/18/2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Botox Inj 1 of 8 Lt Thumb 64613, 95874, 99144, 99145, A4550, A4649, EMG guidance

QUALIFICATIONS OF THE REVIEWER:

Physical Med & Rehab, Pain Management

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)

Botox Inj 1 of 8 Lt Thumb 64613, 95874, 99144, 99145, A4550, A4649, EMG guidance Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to air analyses by dated 1/10/2011
 2. Fax page dated 1/6/2011
 3. Notification of reconsideration determination by DO, dated 1/5/2011
 4. Request form by author unknown, dated 1/5/2011
 5. Notification of adverse determination by MD, dated 12/20/2010
 6. IRO request form by author unknown, dated unknown
 7. Notice to air analyses by dated 1/10/2011
 8. Fax page dated 1/6/2011 & 1/10/2011
 9. Notification of reconsideration determination by DO, dated 1/5/2011
 10. Request form by author unknown, dated 1/5/2011
 11. Notification of adverse determination by MD, dated 12/20/2010
 12. Follow up examination by MD dated 12/14/2010
 13. Follow up examination by MD dated 12/14/2010
 14. Progress evaluation by MD dated 11/9/2010
 15. Preauthorization request dated 9/1/2010 to 12/27/2010
 16. Follow up examination by MD dated 8/31/2010 to 12/14/2010
 17. Initial consultation by MD dated 8/9/2010
 18. Form by PT dated 5/5/2010
 19. Exercise flow sheet dated 4/29/2010 to 5/5/2010
 20. IRO request form by author unknown, dated unknown
 21. The ODG Guidelines were not provided
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INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female with history of injury on xx/xx/xx. Injured employee suffered a traumatic amputation of the thumb treated with surgery. Injured employee has developed complex regional pain syndrome. Current complaints consist of constant sharp, hot and cold pain in the fingers and radiated up to her left elbow. Pain aggravated by activity. Rubbing, massage, TENS and warm water help the injured employee. Treatments have included 3 stellate ganglion blocks and trigger point injections. The injured employee has hypersensitivity, edema, and hyperhidrosis of left thumb. The injured employee has tried Neurontin and Skelaxin and desensitization physical therapy. She has also tried Cymbalta and Darvocet. Provider is requesting trigger point injections into left upper extremity with Botox and EMG guidance's.

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

The injured employee has chronic left arm pain with myofascial pain and complex regional pain. She has not received substantial long term relief from oral medications, physical therapy with desensitization, stellate ganglion blocks or trigger point injections. A request for a repeat set of trigger point injections with Botox as a treatment for myofascial pain was recommended by the practitioner. According to ODG, Botox is not generally recommended for chronic pain disorders. Specifically regarding the use of Botox for chronic myofascial pain, many studies are cited which have not found statistical support for the use of Botulinum toxin A when compared to saline, dry needling or local anesthetic injections. Further, other systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. Based on the lack of high quality evidence supporting the use of Botox for myofascial pain the request for Botox trigger point injections is not considered medically necessary. The recommendation is to uphold the prior denials of 8 trigger point injections with Botox.

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)

Qerama E, Fuglsang-Frederiksen A, Kasch H, Bach FW, Jensen TS. A double-blind, controlled study of botulinum toxin A in chronic myofascial pain. *Neurology*. 2006 Jul 25;67(2):241-5.

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. Epub 2005 Oct 3.

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.