

SENT VIA EMAIL OR FAX ON
Mar/18/2011

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Upper Extremity Botox Injections Outpt.

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

OD Guidelines

Learning Center 8/23/10 thru 2/2/11

6/22/10

Individual Program Plan 12/15/10 thru 1/14/11

2/8/11 and 2/17/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx. He had a traumatic brain injury as a result of a fall 6 feet from a tractor-trailer bed. He is status post placement of ventriculoperitoneal shunt. He has an expressive aphasia and right-sided weakness. He received botox on 06/2010 during a brief hospitalization, and this did help him. His examination 02/02/2011 shows the right arm in triple flexion with an inability to extend the fingers. There has been an increase in the rigidity. His tone is 3-4/5 Ashworth. This is despite daily therapy and wearing a splint. The provider is requesting right upper extremity botox. The reason for this is for decreasing the increased tone to improve functionality.

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

The right upper extremity botox injections are medically necessary. Botox injection for spasticity after stroke/head injury is not addressed by ODG. The peer-reviewed medical literature has found these injections to improve limb functioning. There is evidence that these injections have helped the claimant in the past. His functioning has now declined. Therefore, the requested injections are medically necessary.

References/Guidelines

[J Rehabil Med](#). 2009 Jun;41(7):536-44.

Botulinum toxin A for treatment of upper limb spasticity following stroke: a multi-centre randomized placebo-controlled study of the effects on quality of life and other person-centred outcomes.

[McCrory P](#), [Turner-Stokes L](#), [Baguley IJ](#), [De Graaff S](#), [Katrak P](#), [Sandanam J](#), [Davies L](#), [Munns M](#), [Hughes A](#).

[J Neural Transm](#). 2008;115(4):617-23. Epub 2008 Mar 6.

Evidence-based systematic review on the efficacy and safety of botulinum toxin-A therapy in post-stroke spasticity.

[Rosales RL](#), [Chua-Yap AS](#).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- See above

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