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Notice of Independent Review Decision

DATE OF REVIEW: 09/30/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration for Botox 400 units

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 09/24/2009 through 08/02/2011
2. RME dated 02/08/2011
3. Discharge summary dated 08/23/2010
4. Colonoscopy report dated 01/17/2011
5. MRI of the lumbar spine dated 07/12/2010 and chest X-ray dated 04/29/2010
6. medical records review dated 08/05/2009
7. MRI of the right leg dated 07/07/2011
8. MRI of the right hip dated 05/05/2011
9. MRI of the right knee dated 07/07/2011 and previous utilization reviews dated 08/22/2011, 08/30/2011, 08/25/2011 and 09/07/2011.
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a female who sustained an injury at several sites. The clinical note dated 06/02/2011 details the patient complaining of post traumatic cervical dystonia. The patient stated that she had been going through a rough several months. The patient

was noted to have previously undergone serial Botox injections with improvement. The patient stated that her range of motion in the cervical region had improved as well as her neck posture. The patient was noted to be utilizing supportive

U-shaped pillows which helped with her sitting up position as well. The clinical note dated 08/02/2011 details the patient complaining of ongoing hip, shoulder and knee pain as well. The patient was noted to be utilizing pharmacological interventions for ongoing pain relief.

The previous utilization review dated 08/22/2011 details the patient having requested 400 units of Botox injections. The rationale for the denial details the patient having no progress notes revealing the efficacy of the previous Botox injections. The previous utilization review dated 08/30/2011 resulted in a denial based on the RME report dated 02/08/2011 determined that no further Botox injections would be reasonable or medically necessary. The previous utilization review dated 08/25/2011 details the request being denied secondary to the lack of notes regarding the previous Botox injections. The utilization review dated 09/07/2011 resulted in an adverse determination secondary to the lack of documentation regarding the patient's follow up assessment detailing the effectiveness of the previous injections.

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

The documentation submitted for review elaborates the patient having previously undergone numerous Botox injections for complaints of cervical dystonia. The **Official Disability Guidelines** recommend Botox injections for dystonia provided the patient meets specific criteria to include documented objective efficacy of the previous injections. No documentation was submitted regarding the patient's response from the previous Botox injections. Given the lack of documentation regarding the objective efficacy of the previous injections, this request does not meet guideline recommendations. Additionally, the RME dated 02/08/2011 further mentions no further treatments being reasonable or medically necessary for this patient. Given the lack of documentation regarding the patient's previous Botox injections as well as the recommendations by RME, this request does not meet guideline recommendations. As such, the clinical documentation submitted for review does not support the certification of the request at this time.

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

Reference:

Official Disability Guidelines, Neck and Upper Back Chapter, Online Version.
Botulinum toxin (injection)

Recommended for cervical dystonia, but not recommended for mechanical neck disorders, including whiplash. See more details below.

Not recommended for the following: 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 the treatment of cervical or upper back pain, including the following:

- 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) There is one recent study that has 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 taking an opioid. (Gobel, 2006) Botulinum toxin A (e.g., Botox) remains under study for treatment of chronic whiplash associated disorders and no statistical difference has been found when compared to treatment with placebo at this time. (Freund, 2000) (Aetna, 2005) (Blue Cross Blue Shield, 2005) (Juan, 2004)

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. In recent years, botulinum toxin type A has become first line therapy for cervical dystonia. 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.