**MAXIMUS Federal Services, Inc.**
**4000 IH 35 South, (8th Floor) 850Q**
**Austin, TX 78704**
**Tel: 512-800-3515 ◆ Fax: 1-877-380-6702**

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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** April 23, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Botox injections to the bilateral L4-L5 paravertebral muscles including CPT code 64614.

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

M.D., Board Certified in Anesthesiology and Pain Medicine.

**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)

I have determined that the requested Botox injections to the bilateral L4-L5 paravertebral muscles including CPT code 64614 are not medically necessary for treatment of the patient's medical condition.

## INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 4/2/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/3/13.
3. Notice of Assignment of Independent Review Organization dated 4/3/13.
4. Denial documentation dated 3/15/13 and 3/26/13.
5. Pre-certification Request dated 3/12/13 and 3/19/13.
6. MRI Spine Survey dated 10/31/12.
7. MRI L-Spine dated 3/19/12 and 11/2/12.
8. Operative Report dated 3/8/13.
9. Physician Orders dated 3/11/13.
10. Clinic notes from MD dated 2/13/13, 2/25/13, 3/11/13 and 3/14/13.

## PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work related injury to her back on xx/xx/xx. The MRI of the lumbar spine on 11/2/12 revealed mild disc bulge at L3-4 with moderately severe canal stenosis and some impingement upon the L4 nerve root. The patient has post-laminectomy changes at L4-5. The patient also had a 4mm disc protrusion at L4-5 and 3mm disc protrusion at L5-S1. On 2/13/13 the provider reported that the patient rates her pain at 4 out of 10. The patient was taking Zanaflex for muscle spasm which she stated reduced the symptoms by approximately 50%. The patient was recommended for Botox injections for muscle spasms. The procedure report dated 3/8/13 reported the patient underwent percutaneous electromyography (EMG) and muscle injections with Marcaine. On 3/11/13 the patient reported she had 60% relief with the prior injection. The patient stated she was interested in moving forward with Botox injections, anticipating similar results. On 3/14/13 the patient rated her pain an 8 out of 10. On physical examination, the patient was noted to have tense spasm in the lumbar paravertebrals bilaterally. The patient was recommended to change Zanaflex to baclofen.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that ODG guidelines do not support the injections and the patient was not carrying out a home exercise program. On 3/26/13, the URA reported that the request was again non-certified based on ODG guidelines and lack of documentation that other treatment options had been tried and failed.

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

In this patient's case, Official Disability Guidelines (ODG) do not support the requested Botox injections to the bilateral L4-L5 paravertebral muscles including CPT code 64614. Official

Disability Guidelines specifically state that Botox injections are not recommended for trigger point injections. The patient is being recommended for Botox injections due to persistent muscle spasms. The documentation submitted for review did not indicate a home exercise program or that other treatment options had been tried and failed. Therefore, given the lack of documentation of adequate trials of other therapies and lack of support by Official Disability Guidelines, the request remains non-certified.

In conclusion**,** I have determined the requested Botox injections to the bilateral L4-L5 paravertebral muscles including CPT code 64614 are not medically necessary for treatment of the patient's medical condition.

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**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 JUDGMENT, 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)**