



ALLMED REVIEW SERVICES INC

ktomsic@allmedreview.com

627 Russell Blvd.

Nacogdoches, TX 75965

936-205-5966 office

(214)802-2150 cell

(888) 272-0749 toll free

(936)205-5967 fax

Notice of Independent Review Decision

Date notice sent to all parties: 4/12/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Botox injections to spine muscles to release, CPT codes 64612, 64613, J0585

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

Texas Licensed Board Certified Anesthesiologist

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 1/23/13 and 2/13/13 denial letters
2. 3/17/2011-2/5/2013 Republic notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was involved in a work related accident on xx/xx/xx. He was riding and the vehicle struck a curb, causing the patient to strike his head. Due to ongoing pain he eventually underwent an MRI of the cervical spine with findings of "disc bulging" at C5-6 and C6-7 along with no significant neuroforaminal stenosis. Botox injections were suggested. On 1/23/13 the recommendation was denied. Again on 2/13/13 the request was denied. There are records to suggest the diagnosis is that of neuralgia, neuritis and radiculitis. He did undergo psychotherapy, physical therapy, facet injections and facet ablation.

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

The request for Botox injections of the spinal muscles is denied. The official disability guidelines do not support the use of Botox injections for a diagnosis of neuritis, neuralgia, or radiculitis. The only condition that the ODG recommends the use of Botox injections includes either spasticity with TBI or cervical dystonia.

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