

# US Resolutions Inc.

An Independent Review Organization

3267 Bee Caves Rd, PMB 107-93

Austin, TX 78746

Phone: (361) 226-1976

Fax: (207) 470-1035

Email: [manager@us-resolutions.com](mailto:manager@us-resolutions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Mar/21/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Botox injection 275 units for the thoracolumbarparaspinals

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D, Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for Botox injection 275 units for the thoracolumbar paraspinals is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. Follow up note dated 05/30/13 indicates that the patient had Botox for the thoracic pain 3 years ago which is helpful. Note dated 08/22/13 indicates that the patient states that shaking in his arms has gotten worse. This was better after the previous Botox treatments. There are some inconsistencies on his last drug screen. They had to do blood instead of urine, but the report itself contradicts itself. Office visit note dated 11/13/13 indicates that the patient presents with severe thoracolumbar muscle tightness/spasticity up and down the paraspinals. The patient underwent Botox injections to the thoracolumbar spine on this date. Follow up note dated 01/16/14 indicates that the patient is very pleased with the relief from prior Botox injections. The patient thinks his pain level may have gone from an average of 8/10 to a 7/10, but his jumping of his body and legs decreased by about 80%. On physical examination paravertebral muscles are tender bilaterally. Lumbar range of motion is painful and restricted. Straight leg raising is positive bilaterally at 75 degrees.

Initial request for Botox injection 275 units for the thoracolumbar paraspinals was non-certified on 01/29/14 noting that there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. The documentation does not support these findings. The patient has had these injections in the past and there is no reference to how much they helped or improved function. The denial was upheld on appeal dated 02/20/14 noting that the Official Disability Guidelines indicate the potential significant side effects with this treatment regimen and per the available information; the patient reports that he had periods of dizziness and orthostasis with the oxycodone, especially after the Botox injections. The Official Disability Guidelines also state that further large

comprehensive studies are necessary to validate the use of Botox injections for low back pain. The Official Disability Guidelines reports the view that there are insufficient controlled studies for the use of Botox injections for low back pain.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient underwent previous Botox injections and reported periods of dizziness post-procedurally. The patient reports that his pain level was only reduced from an average of 8/10 to 7/10. The Official Disability Guidelines note that the use of Botulinum toxin is under study for the treatment of chronic low back pain. Considering its high cost and the small differences compared with control treatments, its use should be reserved only for patients with pain refractory to other invasive treatments. There are also potentially significant side effects including death. As such, it is the opinion of the reviewer that the request for Botox injection 275 units for the thoracolumbar paraspinals is not recommended as medically necessary.

**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)

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