

MDR Tracking Number: M5-04-0123-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 8, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Botox injections (destroy nerve, face muscle, spine muscle, Botulinum toxin type A, unclassified drugs, injection Methylprednisolone, special reports were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As Botox injections (destroy nerve, face muscle, spine muscle, Botulinum toxin type A, unclassified drugs, injection Methylprednisolone, special reports, were not found to be medically necessary, reimbursement for date of service 1/16/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

October 31, 2003

Re: MDR #: M5-04-0123-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is board-certified in Neurosurgery.

Clinical History:

This is a 43-year-old gentleman who was injured on the job on ____. The treating neurologist states the patient has a chronic cervical radiculopathy. Further, he describes the patient as having chronic neck pain. An NCV/EMG shows evidence of a chronic C-7 radiculopathy.

His MRI scan, however, reveals no substantial compressive pathology beyond mild foraminal narrowing in the C-3 area. The patient has not been found to have a C-4 radiculopathy.

Assistants to the treating neurologist have been seeing the patient since the initial intake, and a cervical dystonia has been described, although there is very little in the way of description of that in the records provided for review, aside from moderate to severe cervical muscle spasm and dystonia. The patient is described as not having any focal motor weakness. His reflexes are within normal limits. The patient is noted to have had a previous Botox injection which reduced his symptoms by approximately 30%.

Disputed Services:

Destroy nerve, face muscle, spine muscle. Botulinum toxin type A, unclassified drugs, injection Methylprednisolone, special reports.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in dispute are not medically necessary in this case.

Rationale:

This patient is being treated in a rather unusual way. While Botox is becoming popular with the general public, its treatment for what is described as cervical spondylosis and a cervical radiculopathy, as well as cervical facet syndrome is quite unusual. Certainly, muscle contraction headaches are not an indication for Botox injections. The only clear possible pathology which might respond to Botox injections is a cervical dystonia. However, with the scant information provided aside from two references and a single progress note dated 09/26/03, there is not enough clinical justification to perform even such a moderate procedure such as Botox injections.

Additional Comments: Conservative management including physical therapy, perhaps localized trigger point injections, would be more effective.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,