

NOTICE OF INDEPENDENT REVIEW DECISION

November 15, 2002

RE: MDR Tracking #: M2-02-0952-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 50 year old female sustained a work related injury on ___ when a stool slid from under her and she fell, landing on her back. She underwent a lumbar surgery in 1997 as well as a repeat surgery in 1998 with a fusion at L4-5. She was referred to pain management for chronic low back and leg pain and was seen initially on 10/04/99. The pain management treatment included spinal cord stimulator implant in January 2000 and botox chemodenervation in August 2001. The patient continues to complain of back and lower extremity pain. The treating physician has recommended a left psoas block with chemodenervation under fluoroscopic imaging and 5 botox chemodenervation injections with EMG guidance.

Requested Service(s)

Left psoas block with chemodenervation under fluoroscopic imaging and 5 botox chemodenervation injections with EMG guidance.

Decision

It has been determined that the left psoas block with chemodenervation under fluoroscopic imaging and 5 botox chemodenervation injections with EMG guidance are medically necessary.

Rationale/Basis for Decision

Multiple methods for pain relief including trigger point injections, non-steroidal anti-inflammatory medications, analgesics, antidepressants, physical therapy, spinal cord stimulation and epidural steroid injections have been utilized without success. The patient apparently underwent botox injections during August 2001 and had significant relief of pain lasting 9 to 10 months. She was apparently able to return to work.

Botox injections are commonly performed procedures for low back pain. Effectiveness has been proven in a randomized, double blind study in people with persistent low back pain. Doses of over 200 units are associated with increased success. This physician is requesting 5 injections (240 units) which are appropriate for injection into the back muscle. EMG localization is useful in identifying the proper location of the botox which helps avoid the development of antibodies to the botulism toxin. Therefore, the left psoas block with chemodenervation under fluoroscopic imaging and 5 botox chemodenervation injections with EMG guidance are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,