

December 20, 2002

Re: Medical Dispute Resolution
MDR #: M2-03-0087-01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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. Your case was reviewed by a physician who is Board Certified in Pain Management and Anesthesiology.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by is deemed to be a Commission decision and order.

Clinical History:

This female claimant was injured on her job on ____. The following day, she began to have pain, tightness and soreness, and increased complaints of headaches. She had a history of headaches dating back into her teenage years that intensified in frequency and severity following her ___ injury. A cervical MRI showed degenerative changes and bone spurs at C6-7 and C7-T1, with no evidence of disc herniation or neural impingement.

The patient was diagnosed with myofascial pain and began a series of injection therapies in May 1997, going through at least May 2002. During that time, she had no less than seven sets of Botox injections, of eight injections per set, thirteen cervical epidural steroid injections, seven sets of trigger-point injections of 6-8

injections per set, and one set of two cervical facet injections. Careful review of the records indicates that she never received more than a few months of benefit of the Botox injections and then only when other interventions such as cervical epidural steroid injections and/or trigger-point injections were performed in the interval between Botox injections. Therefore, it is neither logical nor reasonable to conclude that Botox injections were the sole source of the patient's alleged pain relief.

One physician stated that she did not feel there was anything that would ultimately ever help this claimant's headache, and documented ongoing frequent headache episodes occupying 75-80% of the claimant's month.

The last set of Botox injections was performed in May 2001. Follow-up one month later reveals continued pain and increased narcotic prescription. In July 2001, the claimant had six trigger-point injections and two greater occipital nerve blocks. Two months later the neurology follow-up indicated that the claimant still had chronic pain. This led to three cervical epidural steroid injections and three sets of trigger-point injections in November and December 2001, with documentation in January 2002 that the claimant had 80 headaches over the previous two months. This pattern is indicative of the general clinical history of injection therapy and results over the 5 ½ years that the claimant has been receiving injection therapy.

Disputed Services:

Botox injection x8 with EMG guidance.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question is not medical necessary in this case.

Rationale for Decision:

It is clear that this claimant has never received complete and sustained benefit from Botox injections. Virtually, each and every set of eight Botox injections performed was followed within several months by additional trigger-point injections or cervical epidural steroid injections. It appears that the benefit of Botox injections has decreased over time, which would be consistent with the reported development of antibody formation of botulinum toxin, Type A (Botox), with frequent and repeated dosing. It is, therefore, not reasonable or necessary to continue treatments when the benefit of that treatment is neither substantial nor sustained, nor when that

benefit clearly appears to be of decreasing significance over time. Also, the nature of the injury does not justify any further Botox injection therapy.

Finally, there are no peer-reviewed scientific studies that demonstrate or indicate medical appropriateness and necessity for repeated Botox injections over several years' duration, either for treatment of muscle strain injury or headaches.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on December 20, 2002.

Sincerely,