

NOTICE OF INDEPENDENT REVIEW DECISION

February 18, 2003

RE: MDR Tracking #: M2-03-0268-01
IRO Certificate #: IRO 4326

The ___ 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 60 year old female sustained a work-related injury on ___ when she injured her back while working in a warehouse. The patient underwent surgery with a two part fusion at L4-5 and L5-S1 with both anterior and posterior fusion. The patient had MRI's of the lumbar and thoracic spine performed on 04/10/00. Electromyography studies were performed on 04/27/00 with no evidence of a right mid-thoracic radiculopathy or a lumbosacral radiculopathy. The patient has been treated with intrathecal catheter placement, aquatic therapy, pain medications and biofeedback. The treating physician has recommended that the patient undergo left Botox injections.

Requested Service(s)

Left Botox injections

Decision

It is determined that the left Botox injections are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had undergone multiple methods of pain relief including trigger point injections, non-steroidal anti-inflammatory drugs, analgesics, antidepressants, physical therapy and epidural steroid injections. The patient had 60% relief of pain from trigger point injections. Botox injections for low back pain are common procedures performed at pain centers throughout the country. 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. Most physicians proceed with 8 injections (240 units) which is common for injection into the low back muscles. Therefore, the left Botox injections 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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 18th day of February 2003.
