

August 29, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1470-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 26 year-old who sustained a work related injury on ___. The patient reported that while at work she was kicked in the left Achilles tendon. The patient underwent an MRI that showed marked pre-Achilles tendon edema. The patient developed CRPS. The diagnoses for this patient include CRPS of the left lower extremity and contracture of the left foot secondary to CRPS. The patient has been treated with oral medications and steroid injections, lumbar sympathetic blocks and spinal cord stimulator.

Requested Services

ASC Botox injection times 1 with fluoroscopy and IV sedation.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 26 year-old female who sustained a work related injury to her Achilles tendon on ___. The ___ physician reviewer also noted that an MRI showed marked Pre-Achilles tendon edema. The ___ physician reviewer explained that at the time of injury, the patient was 14 weeks pregnant and therefore minimal procedures could be performed. The ___ physician reviewer also explained that because of the lack of treatment, the patient developed left sided RSD/CRPS and was confined to a wheelchair. The ___ physician reviewer noted that treatment for this patient's condition has included Bretylium Bier Block, lumbar sympathetic blocks times 2, insertion of a spinal cord stimulator, and trigger point injections into the left calf. The ___ physician reviewer indicated that the patient has muscle spasms and contractures such that her foot is plantar flexed. The ___ physician reviewer noted

that the patient has been evaluated at the ___ by an expert in the management of RSD/CRPS and has continued medical treatment and physical therapy. However, the ___ physician reviewer explained that Botox injections into the gastrocnemius and soleus muscle have been recommended to improve the spasm and contracture of the foot.

The ___ physician reviewer indicated that the patient has undergone complete evaluation and treatment for her RSD/CRPS condition. The ___ physician reviewer explained that the patient has significant contractures and muscle spasm that need to be released in order to alleviate the need for surgical intervention for tendon lengthening which would exacerbate the RSD/CRPS condition. The ___ physician reviewer also explained that the role of Botox in the treatment of cervical dystonia and other muscle spasticity disorders has been well documented. The ___ physician reviewer further explained that conventional conservative and interventional treatments for this patient has not improved her condition. Therefore, the ___ physician consultant concluded that the requested ASC Botox injection times 1 with fluoroscopy and IV sedation is medically necessary to treat this patient's condition at this time.

This decision 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 (ten)** 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 a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

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,

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 29th day of August 2003.